

Fever:

Severe NoseBleeds: _____ Premature Birth:

Serious injuries: _____ Describe:

Surgeries: _____ Describe:

Bone Fractures: _____ Describe:

Hospitalizations: _____ Date: _____ Reason:

Positive TB skin test: _____ Date: _____ Chest X-ray
results:

Vision/Hearing problems: _____ Wears glasses: _____ Hearing
devices:

Other: _____ Describe:

Annual review:

Signature

Date

Signature

Date

Signature

Date

