



Good Health Certificate (One form per child)

Child's Last Name

Child's First Name

Has your child been diagnosed with any of the medical conditions or problems listed below?	Yes	No
Allergies		
Hay fever		
Asthma		
Eczema or frequent skin rashes		
Convulsions/Seizures		
Heart Trouble		
Diabetes		
Frequent colds, sore throats, earaches (4 or more per year)		
Trouble passing urine or bowel movements		
Shortness of breath		
Menstrual problems		
Dental problems		
Date of last exam: _____		
Reactions to food, medication, or other that has not been diagnosed by a doctor or has an allergy		
Other:		

Please explain any problem identified above:

If you answered yes to allergies, please list allergies below:

List all medications your child takes:

Please note any illnesses, accidents, or hospitalizations your child has experienced:

I hereby certify that my child is in good health and that his/her immunizations are current.

Parent Signature

Date