



Lion of Judah Academy

1486 E. 55th. Cleveland, OH 44103
(216) 881-9200 Ph (216) 881-9201 Fax
www.lojacademy.org



Student Health History

This information is important for the health and safety of your child while at school. Please provide all of the information requested below.

Child's Name _____

Child's Address _____ Zip _____

Date of Birth ___/___/___ Gender _____ School _____

Please all applicable issues

- Allergies (specify) _____
- Anemia (Sickle Cell of Other) _____
- Asthma or bronchitis has motor skills problems _____
- Bowel problems _____
- Chicken Pox Disease _____
- Chronic skin condition _____
- Convulsions/seizures _____
- Dental problems _____
- Diabetes _____
- Ear infections _____
- Eating disorder _____
- Emotional/psychiatric problem _____
- Fluoride Supplement _____
- Food Supplement _____
- Frequent colds/sore throat _____
- Frequent headaches _____
- Frequent stomach aches _____
- Heart problem _____
- Modified Diet _____
- Motor Skill Issue _____
- Operations (specify, give dates): _____
- Premature Birth _____
- Serious accident, injury (specify, give date): _____
- Serious illness (specify, give date): _____
- Speech/communication problem _____
- Substance abuse (alcohol, drugs) _____
- Other problems or handicapping conditions (specify) _____

Does your child:

- Use corrective lenses (i.e. contacts)? yes no
- Wear glasses? yes no
- Use a hearing aid? yes no

Explain any condition

checked: _____



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Regular medications taken (specify): _____

List any other concern you have about your child's health, development, learning behavior or home situation which might affect student's performance:

Note: There are immunizations required by state law and a tuberculosis risk assessment that must be completed prior to enrollment.

Name of Doctor, Hospital, or Clinic: _____ Phone _____

Name of Dentist: _____ Phone _____

Parent/Guardian Signature: _____ Phone _____

Date Form Completed: _____