

**SANDIA VIEW ACADEMY**  
**2017-2018 Student Medical Record**

Name of Student: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

**HISTORY** (Please indicate any past or current allergies, illnesses, or physical problems):

Allergies:	Illnesses		Physical/Developmental
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Measles	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Learning problems
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Vision problems
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Other: _____	

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATIONS**

An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- ❖ State Immunization Record
- ❖ Health Provider Record – must have signature, stamp, or initials next to each date
  - Physician's Record
  - County Health Department Record
- ❖ Official Immunization Record from another state
- ❖ School Immunization Record
- ❖ Certificate of Exemption From School/DayCare Immunization Requirements (NM Dept. of Health form, completed)