



**HOLMESBURG CHRISTIAN ACADEMY**

\_\_\_\_\_ **Medical Exemption:** Students are not required to be immunized if a physician or his/her designee states, in writing that the immunization may be detrimental to the health of the child. This may be either a temporary or a permanent exemption. If the physician determines that the Immunization is no longer detrimental to the health of the child, the exemption is no longer valid and the child must be immunized.

**PLEASE NOTE:** If the Philadelphia Department of Health declares an epidemic for a disease for which Immunization is an admission requirement, students who are exempted WILL NOT BE PERMITTED TO ATTEND SCHOOL for the duration of the epidemic.

**Parent's overall evaluation of student's health** \_\_\_\_\_

\_\_\_\_\_

Does the student have frequent colds, sore throat, headache, toothache, stomachache, earache? Describe.

\_\_\_\_\_

How does the student get along with parents, brother, sister, and other children?

\_\_\_\_\_

Does the student have any emotional, social, or psychological problems? If yes please explain and provide school with necessary information: \_\_\_\_\_

\_\_\_\_\_

List all medications student takes on a regular basis. \_\_\_\_\_

Does the student have any problems in maintaining attention? If yes please explain:

\_\_\_\_\_

Does the student have physical disabilities or challenges? If yes, please explain:

\_\_\_\_\_

In what physical activities does the student participate? \_\_\_\_\_

\_\_\_\_\_

Does the student have any history of medical illness that would impair them from participating in any activities? Describe. \_\_\_\_\_

\_\_\_\_\_

Does the student have food or other allergies? Describe. \_\_\_\_\_

\_\_\_\_\_

Are there any other health issues we should be aware of? Describe. \_\_\_\_\_

\_\_\_\_\_

Does your child wear eyeglasses \_\_\_\_\_yes \_\_\_\_\_no

The foregoing information on this Health Statement is true and correct to the best of my knowledge.

Failure to share known information will be grounds for immediate dismissal.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_