

**CUMULATIVE HEALTH RECORD  
ROBINS AFB ELEMENTARY SCHOOL**

Date Entered \_\_\_\_\_

Student's Name	Birth Date	M/F
Home Address	Phone	Emergency Phone
Sponsor's Full Name & Rank	Sqd.	Sponsor's Duty

<b>GRADE</b>	<b>TEACHER</b>
PRE-K	
KDG	
1 <sup>ST</sup>	
2 <sup>ND</sup>	
3 <sup>RD</sup>	
4 <sup>TH</sup>	
5 <sup>TH</sup>	
6 <sup>TH</sup>	

**PAST SERIOUS ILLNESS AND CHILD DISEASES**  
(Please place a check mark next to an illness your child has experienced)

<b>HISTORY</b>		<b>HISTORY</b>		<b>HISTORY</b>	
Measles		Whooping Cough		Rheumatic Fever	
Chicken Pox		Mumps		Pneumonia	
Diphtheria		Scarlet Fever		Polio	
T.B.		T.B. Contact		Other	

<b>NURSE'S NOTES</b>

**PRESENT MEDICAL CONDITION**

Diabetic	Kidney Trouble	Operations
Heart Condition	Asthma	Epilepsy
Onset Menses	Injuries	Hepatitis
Infectious Mono	Convulsions	T & A

<b>PROBLEM AREA:</b>	
<b>ALLERGIES:</b>	Permission is granted for the emergency care and treatment of minor injuries by the school nurse or trained personnel. <b>SIGNATURE OF PARENT</b>

<b>ON ANY MEDICATIONS:</b>			
<b>PHYSICALS</b>			
<b>Date</b>	<b>Height</b>	<b>Weight</b>	<b>Nurses Notes</b>
<b>Date</b>	<b>Height</b>	<b>Weight</b>	<b>Nurses Notes</b>
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<b>Date</b>	<b>Height</b>	<b>Weight</b>	<b>Nurses Notes</b>

**EMERGENCY CONTACTS AND TELEPHONE NUMBERS**

Home Phone	Sponsor's Duty	Spouses Work #
Emergency Contact Name	Telephone (Home)	Telephone (Work)
Emergency Contact Name	Telephone (Home)	Telephone (Work)
Emergency Contact Name	Telephone (Home)	Telephone (Work)
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