



OUR LADY OF SORROWS  
PRE-K - 8  
CATHOLIC ELEMENTARY SCHOOL

# OUR LADY OF SORROWS SCHOOL

Our Lady of Sorrows-Saint Anthony Parish, Hamilton, NJ

## 2018 SUMMER CAMP MEDICAL INFORMATION

7. Has the student had any of the following conditions (check appropriate column). If yes, is checked, please write a brief explanation below.

	YES	NO
a. Diabetes	_____	_____
b. Asthma	_____	_____
c. Anemia	_____	_____
d. Ear Infection	_____	_____
e. Chicken Pox	_____	_____
f. Seizure Disorder	_____	_____
g. Mononucleosis	_____	_____
h. Rheumatic Fever	_____	_____
i. Scarlet Fever	_____	_____
j. Hernia	_____	_____

Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Date of last physical examination: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

9. Date of last dental examination: \_\_\_\_\_ DENTIST: \_\_\_\_\_

EVALUATION OF HEALTH QUESTIONNAIRE MAY REQUIRE FURTHER MEDICAL  
INFORMATION TO BE PROVIDED.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date