



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

OUR LADY OF SORROWS SCHOOL

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

2019 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