



Ouachita Hills Academy

Office of Registrar
P.O. Box 35, Amity AR 71921

HEALTH INVENTORY B: GENERAL HEALTH ASSEMENT (To be completed by parent)

Name of student _____

Evaluate for the student (excellent, good, fair, poor)

- a. General health _____
- b. Sight _____
- c. Hearing _____

Does the student have any physical handicap that limits them in normal school and work activities?

Yes No If so, what? _____

Does the student take any medicine regularly? Yes No If so, what? _____

Indicate chronic complaints such as colds, headaches, allergies, weaknesses, anemia, back trouble, eczema, excessive fatigue, hypoglycemia, etc. _____

Past illnesses: (Please check all that apply to the student)

- Measles Scarlet Fever Heart Disease Auto-Immune Whooping Cough Diphtheria Cholera
- Polio Chickenpox Epilepsy Rheumatic Fever Diabetes Hay Fever Asthma
- Other _____

Has the student ever experienced or been diagnosed with any mental health condition(s)? Yes No Suspected

If yes, please check those that apply: Depression Schizophrenia Eating Disorders Suicidal thinking Bipolar
 ADHD Anxiety Disorders OCD Addictive behaviors Other _____

Has medication ever been prescribed for any of these conditions? Yes No

List any other items helpful in planning for the student's health _____

Does the student's health require a special diet? Yes No If so, what? _____

When did the child last visit the dentist? _____

Is there any ongoing dental or orthodontic treatment that needs to be continued? _____

Has this student ever had or known and been around someone with tuberculosis? Yes No

Has he/she ever had a skin test for tuberculosis? Yes No When? _____ Result: Positive Negative

Has he/she ever had a chest X-ray? Yes No Result: Positive Negative

Has the student had his/her eyes examined? _____ Date: _____

Does the student have prescription eye correction: None Eyeglasses Contacts

Comments on student's habits:

How many hours of sleep does the student usually get? _____

Does he/she participate in outdoor activities? Yes No

Does he/she prefer reading or watching TV to the above? Yes No

Does he/she eat in between meals occasionally? Yes No Regularly? Yes No

Please list any additional health information we should know about the student in reference to his or her application: _____
