



Admissions Office
8929 Holmes Rd
Kansas City, MO 64131
816-444-3567
Fax: 816-822-8405

Health History

In order to determine the needs of students with any physical limitation or other health impairments, Whitefield Academy requires completion of the student's health history. This information will be held in confidence by school personnel who handle it. It is essential that questions be answered completely and accurately.

Student's Full Legal Name: Please Print Last First Middle

Birth Date: Grade Entering: Sex:

1. Date of last physical exam: Doctor:

Results:

2. Date of last dental exam: Doctor:

Results:

3. Date of last vision exam: Doctor:

Results:

4. Date of last ear/hearing exam: Doctor:

Results:

5. Please check if your child has experienced or been diagnosed with any of the following:

- Allergies
Frequent throat infections or colds
Anemia, leukemia or other blood disease
Heart disorders
Asthma or wheezing
Nervous, mental or emotional conditions (ADD, depression, eating disorder)
Cancer
Spine deformity
Convulsions, seizures or fainting spells
Other disorder or congenital defect
Diabetes or other gland disorder