

SOUTH HARRISON TOWNSHIP ELEMENTARY SCHOOL

EMPLOYEE HEALTH HISTORY

DATE: _____ DATE OF BIRTH: _____

NAME: _____
Last First M

ADDRESS: _____
Street City State Zip Code

PHONE: H () _____ OCCUPATION: _____
C () _____ FAMILY DR.: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____
Name Relationship

PHONE (H) () _____
PHONE (C) () _____

Accidents (Serious)	_____	Date	_____
Allergies (Pollens, drugs)	_____	Asthma	_____
Blood Type	_____	Unknown	_____
		Diabetes	_____
Convulsive Disorder	_____	Earaches	_____
		Eye Problems	_____
Fainting Spells	_____	Frequent Colds	_____
		Headaches	_____
Heart Condition	_____	High Blood Pressure	_____
Hernia	_____	Kidney Disease	_____

Inoculations: Date of Series of Tetanus Toxoid and/or Booster: _____

Operations (Serious) _____ Date _____

Orthopedic Defects _____

Rheumatic Fever _____

Are you a Positive Tuberculin Reactor? Yes No

List Any Other Health Problems You May Have. _____

Applicant Signature _____ Date _____