



**ARCHDIOCESE OF SEATTLE
CATHOLIC SCHOOLS
PUPIL HEALTH CARD**

School(s): _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____

F M

Family Name First Middle Sex Grade Entered Mo. Day Yr.

Birth date Home Address(use pencil) Home phone Emergency phone

Parent's Name

HEALTH HISTORY (allergies, asthma, major health concerns)

Date

Date

Date

Date

Date

Date

		K	1	2	3	4	5	6	7	8	Dates/Comments and Referrals
Vision with Glasses	R	20	20	20	20	20	20	20	20	20	
	L	20	20	20	20	20	20	20	20	20	

Hearing		K	1	2	3	4	5	6	7	8
R										
L										