THE LEHIGH VALLEY CHARTER HIGH SCHOOL FOR THE ARTS

www.CharterArts.org

Healthroom

321 East 3rd Street, Bethlehem, PA 18015
phone (610) 868-2971 | fax (610) 868-1663

This form should be submitted directly to Lehigh Valley Charter High School for the Arts, 321 East 3rd St, Bethlehem, PA 18015; fax: 610 868 0351; nurse@charterarts.org.

Student Information

Last Name _____ First Name _____ Middle Initial _____ Grade _____ Date of Birth _____ ☐ M ☐ F Gender

Student's Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____ Home Phone _____ Other Phone _____

Allergies		Yes		No	Gastrointestinal Disorder		Yes		No	Respiratory Illness		Yes		No
Asthma		Yes		No	Hearing Disorder		Yes		No	Seizure Disorder		Yes		No
Cardiac		Yes		No	Hypertension		Yes		No	Skin Disorder		Yes		No
Chemical Dependency		Yes		No	Neuromuscular Disorder		Yes		No	Vision Deficiency		Yes		No
Diabetes		Yes		No	Orthopedic Condition		Yes		No	Other:_____		Yes		No
Please explain any "Yes" answer(s) in detail:															

	HEIGHT:		WEIGHT:							
BMI: _____		N		A	Nose & Throat		N		A	Neuromuscular		N		A
Pulse: _____		N		A	Teeth & Gingiva		N		A	Skeletal		N		A
Blood Pressure:		N		A	Lymph Glands		N		A	Scoliosis		N		A
Nutrition		N		A	Heart (murmurs?)		N		A	Emotional Status		N		A
Skin, Hair, Scalp		N		A	Lungs RR: _____		N		A	Other:_____		N		A
Eyes		N		A	Abdomen		N		A	N = Normal A = Abnormal				
Ears		N		A	Genitourinary		N		A					

Are there any special medical problems or chronic diseases which require restriction of activity, medication, or which might affect this student's education? If so, please specify:

_____

_____

Did student pass hearing screens at 25dB, 250, 500, 1000, 2000, 4000, 8000 levels in both ears?

Yes ____ No ____