



Wisconsin Inspire Academy

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HEALTH INVENTORY

PERSONAL INFORMATION

Student's Full Legal Name _____

Date of Birth _____ Age _____ Telephone _____

Address _____

Father's Name _____ Mother's Name _____

Whom to notify in case of illness (give address and phone numbers) _____

(A) _____ (B) _____

Does the student live at home with parents? Mother Father Other

Does the student have coverage by accident or hospitalization policy? (state type) _____

MEDICAL INFORMATION

1. Current or Previous Illnesses (check all that apply):

Measles Mumps Rubella Hepatitis Scarlet Fever

Heart Disease Whooping Cough Diphtheria Chorea Polio

Chickenpox Epilepsy Rheumatic Fever Diabetes Allergies

Asthma HIV Frequent Colds Other: _____

List any other serious illnesses, operations, or injuries, and age when occurred:

2. Has this student ever been around anyone known to have tuberculosis? Yes No

Has he/she ever been skin tested for tuberculosis? Yes Year _____ No

Has he/she ever had a chest X-ray? Yes Year _____ No

3. When did the student last visit the dentist? Date _____

(Recommended visit twice yearly)

4. Has the student had his/her eyes examined? No Yes Date_____

By whom?_____

5. Please list any allergies or reactions (i.e., food, insect stings, or medications, etc.):

6. Please list all medications the student is taking:

7. List any other items helpful to the school program in planning for student's health: