Health Screenings

[illegible]

Names: ([illegible])		
Father([illegible]):	Child3([illegible]):	Child7([illegible]):
Mother([illegible]):	Child4([illegible]):	Child8([illegible]):
Child1([illegible]):	Child5([illegible]):	Child9([illegible]):
Child2([illegible]):	Child6([illegible]):	Child10([illegible]):

1. Have you ever had Chicken Pox?

[illegible]

Yes, have had (write names below)	**No, never** (write names below)
[illegible]	[illegible]

2. Are you all healthy/well today?

[illegible]

All healthy-no problem	[illegible]
Not healthy-see below	[illegible]
fever	[illegible]
throwing up	[illegible]
pain (leg, arm, etc.)	[illegible]
cold	[illegible]
cough	[illegible]
sore throat	[illegible]

3. Have you ever had a high fever or seizure as a result of an immunization?

[illegible]

no, never	[illegible]
fever (one day and then recovered)	[illegible]
high fever	[illegible]
seizure	[illegible]

4. Does anyone have an allergy to some foods (i.e. eggs) or medecines?

[illegible]

food	[illegible]
eggs	[illegible]
medicine	[illegible]
penicilin	[illegible]

5. Has anyone had seizures before?

[illegible]