



Medical Update Form

Patient's Legal Name: _____

Patient DOB: _____ / _____ / _____

Conditions: Please **check or circle** all that apply:

- Asthma
- Anxiety/Depression
- Cancer/Tumors
- Cerebral Palsy
- Cleft lip/Palate
- Leukemia
- Anemia
- Diabetes/Hypoglycemia
- Hemophilia
- High/Low Blood Pressure
- Hepatitis A, B or C
- Liver/Kidney Problems
- HIV/AIDS/ARC
- Tuberculosis (TB)
- Psychiatric Disorder

Please specify: _____

- HyperActive/ADD/ADHD

- Fainting/Seizures

- Heart Murmur

Requires Pre-Med: Yes/No

- Rheumatic Fever

- Congenital Heart Defect

- Artificial Heart Valves

- Auto-Immune Disorder

Please specify: _____

- Scarlet Fever

- Developmentally Delayed

- Intellectual Disability

- Autism Spectrum

- Down Syndrome

Other: _____

Please be as **SPECIFIC** as possible:

Medications: _____

Hospitalizations: _____

Drug Allergies or any other known allergies:

Parent's Signature: _____ Date: _____