Maine Department of Education
Permanent Individual Student Health Record

Student Name: **Birth date:**

Name of Parent/Guardian	Relationship	Address	Telephone

Health Care Provider	Address	Specialty	Telephone

Health History

Life Threatening Conditions	Date	Comments	Immunizations	
Allergy (in red)			Compliance/Exemption Date:	
Stings			DT/DPT/DtaP	Td
Medication			1.	1.
Food			2.	2.
Other			3.	3.
Asthma			4.	Booster
Diabetes			5.	
Heart Disease			Tetanus Toxoid	
Seizure Disorder			OPV	IPV
Other			1.	1.
Communicable Diseases			2.	2.
Chickenpox			3.	3.
Fifth's Disease			4.	4.
Scarlet Fever-Strep			MMR#1	
Whooping Cough/Pertussis			MMR#2	
Other:			HIB 1	HIB 3
			HIB 2	HIB 4
Accidents			HBV 1	
			HBV 2	
Hospitalizations			HBV 3	
			Varicella	
Surgeries			Varicella	
			Lead test:	
Other			TB Test:	
			Other:	