

Children's Medical Records



Disease History

(For each problem your child has had, write the month and year your child had it.)

Name	Chicken Pox	Measles/Mumps	German Measles	Whooping Cough	Meningitis	Hepatitis	Tuberculosis	Scarlet Fever	Mononucleosis	Pneumonia	Other (List)
1.											
2.											
3.											
4.											
5.											

Health Information

Name	Blood Type	Drug Sensitivities	Allergies
1.			
2.			
3.			
4.			
5.			

Hospital Records

Name	Hospitalization, Surgery/Injury	Date(s)	Method of Treatment	Doctor/Hospital	Comments
1.					
2.					
3.					
4.					
5.					