Child's Medical History:

1. Please report if your child had or has any of the medical conditions or disease listed in the following template:

Medical conditions/Disease	Age of appearance/diagnosis
Mumps	
Chicken pox	
Measles	
Fracture (Fracture site 1: ………………………..) (Fracture site 2: ………………………..) (Fracture site 3: ………………………..)	 Fracture site 1: Fracture site 2: Fracture site 3:
Diabetes Mellitus: Type I ☐ Type II ☐	
Hyperthyroidism ☐ Hypothyroidism ☐	
Iron deficiency anemia	
Beta thalassemia	
Please report any other medical condition or disease:	**Age of appearance/diagnosis**