

## Health Questionnaire

(Parent/Guardian needs to complete)

Please Print!

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

Disease/Condition	Yes <small>(List month/year)</small>	No	Disease/Condition	Yes <small>List month/year</small>	No
<b>Asthma</b>			<b>Mumps</b>		
<b>Diabetes</b>			<b>Rheumatic Fever</b>		
<b>Seizures</b>			<b>Rubella</b>		
<b>Chickenpox</b>			<b>Scarlet Fever</b>		
<b>Measles</b>			<b>Other</b>		

Has your child had an infectious/communicable disease other than those listed above? Please explain giving relevant dates: \_\_\_\_\_

**Please list any of the following with the month/year:**

Operations: \_\_\_\_\_

Illnesses (Eye, ear, heart, stomach, kidney): \_\_\_\_\_

Severe Injuries (Head Injury, Fractures, etc.): \_\_\_\_\_

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment? \_\_\_\_\_

Please list any condition that should be considered in planning your child's school day:

\_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

