

Teaching in the languages of our community: English, español, Português

Health Survey Parent/Guardian: Student Name: Home phone# Date of Birth: Cell phone# Address: Work phone # In case of emergency, if the parents can't be notified, to whom should we notify? Relationship with the child: Name: Phone: Address: Pediatrician: Address: Office phone number# Reaction **Allergies** Medicine: Food: Insects: Others: Circle Yes or No My child has been restricted from participating in physical education class. Yes or No Reason?____ My child uses the following corrective equipment.

Glasses Hearing Aid Dental Equipment Other:

Yes or No

Circle:

Yes or No My child takes medication on a daily basis. Nadication Reason					
Medication	Dosage		The state of the s		
Yes or No? My child has the at birth.	e followir	ng medical cond	ition and required hospitalizati		
Condition?					
How long was your child hospitalized?					
Yes or No My child visits the next specialist doctor. Physician Specialty					
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My child has the following medical conditions: (circle all that apply)					
Wheezing/Asthma	Intestinal Problems		Exposure to Tuberculosis		
Heart Murmur/ Heart Failure	Visual Problems		Diabetes		
Dental Problems	Convulsions / Epilepsy		Rheumatic Fever		
Anemia	Learning Disabilities		Chicken Pox		
Lead Exposure	Developmental Delay		Broken Bones		
Explain:					

Yes or No My child has a medical problem not stated above.

What?						
Yes or No	My child has had When?	a serious injury. What happened?	Disability associated with it?			
Yes or No I have specific concerns about my child's health that have not been addressed:						
Yes or No My child visits a dentist yearly.						
Name of dentist:						
Last dental visit:						
Signature	of Parent/Guardian	ı:	Date:			

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