

ANNUAL HEALTH SURVEY

In an effort to keep our health records current, we are asking for your help with this annual health survey.

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Family Eye Doctor _____ Phone _____

Student's name _____ Grade _____

- | | <u>Circle One</u> | |
|---|-------------------|----|
| | Yes | No |
| 1. Does your child take any medication regularly? If yes, please list medication(s) and why prescribed _____
_____ | Yes | No |
| 2. Does your child have asthma or other respiratory problems? _____
_____ | Yes | No |
| 3. Has your child ever used Albuterol (Ventolin/Proventil) by nebulizer or inhaler in the past? _____ | Yes | No |
| 4. Is your child allergic to any food or insect bites? _____
_____ | Yes | No |
| 5. Has your child ever developed hives when they have eaten a food or been stung by an insect? _____ | Yes | No |
| 6. Does your child have any other type of allergies? _____
_____ | Yes | No |
| 7. Does your child have any heart problems and if so, are there activity restrictions? _____
_____ | Yes | No |
| 8. Does your child have any bladder or bowel problems? _____
_____ | Yes | No |
| 9. Does your child have any hearing or visual problems? _____
_____ | Yes | No |
| 10. Has your child ever had a seizure? _____
_____ | Yes | No |
| 11. Has your child had any immunizations during the past year? If yes, list vaccine and date _____ | Yes | No |
| 12. Has your child ever had the chicken pox? If yes, what year? _____ | Yes | No |
| 13. Has your child received the chicken pox vaccine? Date _____ | Yes | No |
| 14. Has your child been examined by a dentist in the past year? | Yes | No |
| 15. Has our child been examined by an eye doctor in the past year? | Yes | No |
| 16. Please write on the back of this form any other information you feel we may need concerning your child's health. | | |

I grant my permission for the school to release any information regarding my child's health to the appropriate staff members that the school determines should have access to this information.

Parent/Guardian Signature

Date