

## 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** \_\_\_\_\_

Circle One

1. Does your child take any medication regularly? If yes, please list medication(s) \_\_\_\_\_ Yes  
No

and why prescribed \_\_\_\_\_  
\_\_\_\_\_

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