

Sidney-Shelby County Health Department

Student Health Questionnaire

The information requested below begins your child's school health record. This record is required for all new students, regardless of grade level. In order for each child to be given the best individual attention, we ask that you please provide information regarding your child's medical history and physical development. This form should be completed by the parent/guardian and returned with the registration packet. This information will be kept in the student's file and will be reviewed by a Health Department Nurse.

Student Information

Last Name First Name Middle Initial Date of Birth

Address

City State Zip

Parent/Guardian Information

Father Last Name Father First Name

Mother Last Name Mother First Name

Guardian Last Name Guardian First Name

School Grade Male Female

Transferred From (name of school)

Name of Physician Telephone

Name of Dentist Telephone

MEDICAL HISTORY

Has your child had any of the following diseases/conditions? If so, please list approximate year below checked box.

- Asthma Cancer Diabetes Seasonal Allergies
 Cerebral Palsy Scarlet Fever Chicken Pox Bee Sting Allergy
 Cystic Fibrosis Rheumatic Fever Convulsions/Seizures Food/Medicine Allergies (Please list)
 Heart Disease Behavior/Nervous Skin Conditions (hives, eczema)

Please explain treatment options to the above conditions as needed:

Please list any hospitalizations (reasons and dates) and/or any disabilities/medical conditions:

Ear Infections Hearing Difficulties Hearing aides Yes No
Right ear left ear both ears

Visual Difficulty Wears Glasses/Contacts

Date of Last Examination by Eye Specialist

Eating, Sleeping, Bowel/Bladder Problems

Parent Signature Date