

HOPE ELEMENTARY SCHOOL ANNUAL MEDICAL QUESTIONNAIRE

Student's name: _____ Date of Birth: _____ Grade: _____
 Mother's full name: _____ Home Tel. _____ Work Tel. _____ Cell # _____
 Father's full name: _____ Home Tel. _____ Work Tel. _____ Cell # _____

Physician: _____ Tel.: _____ Dentist: _____ Tel.: _____
 Health Insurance Provider: _____ Health Insurance Number: _____

Please answer all questions and explain any "yes" answers.....

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| 1. Has your child sustained a significant injury in the past year (e.g., fracture, dislocation)? | YES | NO |
| 2. Does your child have any health condition that requires medication? | YES | NO |
| 3. Does your child have any condition of which the school should be aware? | YES | NO |
| 4. Is your child currently taking any medications? | YES | NO |
| 5. Please list any medications that your child will need to take at school. | | |
| 6. Does your child have any allergies? (food, bees, environmental...) | YES | NO |
| 7. Has your child had any head injuries? | YES | NO |
| 8. Has your child experienced any episodes of dizziness, fainting, headaches, or seizures? | YES | NO |
| 9. Has your child had any recent hospitalizations or surgery? | YES | NO |
| 10. Is your child under the care of a physician for an ongoing illness? | YES | NO |
| 11. Does your child have any vision/hearing problems? (wear glasses or contacts) | YES | NO |
| 12. Physical exams are required for students entering K and for students participating in a school sport. Has your child had a physical exam in the past two years?
If so, when? Please submit a copy of this exam to the office. | YES | NO |
| 13. Has your child had any recent immunizations? Please explain. | YES | NO |
| 14. Is there any reason why your child should not participate in Phys.Ed.? | YES | NO |

PARENTS SIGNATURE _____ DATE _____

(** please note any additional concerns regarding the health of your child on the back of this paper **)