



SCHOOL HEALTH SCREENING QUESTIONNAIRE

Name of child: _____ Date of birth: _____ Grade: _____
School: _____ Name of person filling out questionnaire _____
Relationship to student _____ Name of doctor/clinic: _____

Insurance status:(Check one) [] Currently Insured [] Medicaid [] No insurance If no insurance or high deductible insurance, would you like information about medical resources in the community? (Check one) [] Yes [] No

1. When did your child last have a routine health exam? Date: _____

2. Has there ever been a concern about the age at which your child began:
Crawling _____ Walking _____ Talking _____ Bowel and bladder training _____
(please write no or yes for all sections) ?

3. Are there any major health problems in the family? No _____ Yes _____
If yes, please comment.

4. Does your child have any chronic health conditions? No _____ Yes _____
If yes, (a) what is the condition?

(b) is he/she still under treatment? No _____ Yes _____

(c) can school health services be helpful? No _____ Yes _____
If yes, please comment:

5. Has your child had any serious illnesses, operations or injuries? No _____ Yes _____
If yes, (a) is he/she still under treatment? No _____ Yes _____
(b) can school health services be helpful? No _____ Yes _____
If yes, please comment:

6. Has your child had any problems with vision? No _____ Yes _____
Has your child had any problems with hearing? No _____ Yes _____
If yes, please comment:

7. Is your child taking any medication? No _____ Yes _____
If yes, please indicate name of medication and reason prescribed:

Does it need to be given at school? No _____ Yes _____
If yes, please request a "Medication Permission Form."

8. Does your child have any disabilities? Any limitations? No _____ Yes _____
If yes, please indicate the problem(s)?

9. Does your child have any need for special attention because of health problems? No _____ Yes _____
If yes, please comment:

I give my permission for the information contained in this form to be shared with adults in the school setting that will be working with my child.

Date _____ Parent signature _____