

**ALBERT LEA AREA SCHOOLS - DISTRICT #241
PARENT/GUARDIAN HEALTH QUESTIONNAIRE**

STUDENT'S NAME: _____ **DATE:** _____

All information on this form will be strictly confidential and will be used only to help us in determining an appropriate educational program for your child. This form will be kept in your child's confidential folder.

If you have any questions, please call **LISA DUGGER, RN, LSN- SCHOOL NURSE @ 507-379-4827**

SCHOOL: _____ **GRADE:** _____ **BIRTHDATE:** _____

PREGNANCY AND BIRTH

Describe any serious health problems the mother experienced during this pregnancy:

Did any of the following occur during the birth process:

____ Premature ____ Transfusion ____ Caesarean Section

____ Breech Birth ____ Prolonged Labor ____ Oxygen Problem

____ Blood incompatibility (RH Factor) ____ Fetal Distress

Other birth problems and/or concerns: _____

MEDICAL HISTORY

(Please check below any illnesses or problems the child has had)

____ Physical Defect	____ Frequent Colds	____ Allergies
____ Eye Problems	____ Frequent Sore Throats	____ Asthma
____ Ear Problems	____ Headaches	____ Epilepsy
____ Operations	____ Heart Disease	____ Diabetes
____ Temperature Above 104	____ Serious Accidents Or Injuries	____ Speech Problems
		____ Dietary Problems

Other _____

Describe any of the problems checked above:

Has the child ever been hospitalized? _____ **REASON:** _____

Age at the time of hospitalization: _____ How long in hospital: _____

CURRENT HEALTH

Is the child under treatment or medication at present? _____ **(If yes, please explain:)** _____

Has your child had any evaluations that the school may be unaware of?

Educational: _____ Psychological: _____ Medical: _____ Other: _____

Explain (what, when and by whom): _____

How would you rate your child's general health?

Excellent: _____ Good: _____ Fair: _____ Poor: _____

Most recent physician appointment and for what reason: _____

Most recent dental appointment: _____

I understand that this information will be used by school professionals only. This material will be kept in my child's confidential folder.

Parent's Signature: _____