

MORRIS COUNTY SCHOOL OF TECHNOLOGY – Health Assessment Questionnaire

<i>Name of Student</i>	<i>Birthdate</i>	<i>Country of Birth</i>	<i>Gender</i>
<i>Parent/Guardian Names</i>	<i>Phone Numbers to Call in an Emergency</i> (1) (2)		
<i>Sending District/Home School</i>	<i>Academy/Program at Morris County School of Technology</i>		

Does your child currently have the following medical conditions? Please check yes or no.

CONDITION	YES	NO	CONDITION	YES	NO	CONDITION	YES	NO
Anaphylaxis			Diabetes			Kidney Stones		
Asthma			Emotional Concern			Lyme disease		
ADD/ADHD			Endocrine Disorder			Seasonal Allergies		
Broken Bones			Environmental Allergies			Scoliosis		
Cancer			Fibromyalgia			Seizures		
Cardiac/Heart			Gastrointestinal			Skin conditions		
Celiac Disease			Headache/Migraines			Other (explain)		

Yes No

- Does your child have any other medical diagnosis not indicated above? If yes, please list: _____
- Does your child have any restrictions on physical activity? If yes, please explain: _____
- Does your child have any allergies? Food Medication Insects Latex Other
If yes, explain: _____
- Does your child carry an EpiPen or Auvi-Q? **If yes, you must provide an Anaphylaxis Plan to the school nurse. See website for forms.**
- Does your child carry an inhaler? **If yes, you must provide an Asthma Action Plan to the nurse. See website for forms.**
- Does your child take any medications? If yes, please list: _____
- Has your child had a concussion(s)? If yes, date(s) of injury _____
- Has your child had any significant injury or accident? If yes, please explain: _____
- Has your child had COVID-19? If so, when: _____
- Has your child been vaccinated for COVID-19? **If yes, please provide a copy of the vaccination card to the nurse.**
- Does your child have any problems with: Vision Hearing Speech If yes, please explain: _____
- Does your child have an: IEP 504
- Are you claiming exemption from immunization guidelines? **If yes, please submit a current letter requesting exemption.**
- Have there been any recent changes in the family? (e.g., relocation, death, divorce, etc.)

If your child's health status should change, please notify the school nurse.

Signature of Parent/Guardian

Date