



## STUDENT'S HEALTH APPRAISAL FORM 2016-2017

Pupil's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### PARENT/GUARDIAN'S EVALUATION OF PUPIL'S HEALTH

**Please answer the following questions about your son or daughter:**

1. Is your child subject to any condition which may result in a classroom emergency? Yes \_\_\_ No \_\_\_
  - a. **Allergic reaction?** Yes \_\_\_ No \_\_\_  
To what? \_\_\_\_\_
  - b. **Asthma?** Yes \_\_\_ No \_\_\_
  - c. **Epilepsy?** Yes \_\_\_ No \_\_\_  
Medication: \_\_\_\_\_
  - d. **Diabetes?** Yes \_\_\_ No \_\_\_
  - e. **Heart condition?** Yes \_\_\_ No \_\_\_  
Describe: \_\_\_\_\_
2. At present, is your child under the care of a doctor for a particular illness or on any medication? Yes \_\_\_ No \_\_\_  
If yes, please state illness and/or medication: \_\_\_\_\_
3. Does your child wear glasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_ How long? \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
When were glasses/contact lenses last changed? \_\_\_\_\_
4. Does your child have a hearing loss at the present time? Yes \_\_\_ No \_\_\_  
Has your child had any ear infections during the past year? Yes \_\_\_ No \_\_\_
5. Has your child ever had a severe injury that could affect his/her school participation? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_
6. Has your child ever had any major operations? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_
7. Are there any mental or emotional problems that could affect his/her participation in school? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_
8. Has your child had a dental examination in the past year? Yes \_\_\_ No \_\_\_
9. Has your son/daughter had a physical examination in the past year? Yes \_\_\_ No \_\_\_
10. Does your child have a speech problem? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_
11. Is your recommendation for physical activity: Unrestricted \_\_\_\_\_ Restricted \_\_\_\_\_  
If restricted, please explain: \_\_\_\_\_
12. Other comments concerning health: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_