ROSS VALLEY SCHOOL DISTRICT
110 Shaw Drive San Anselmo California 94960 Tel 415.454.2162 Fax 415.454.6840 rossvalleyschools.org

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**