



STUDENT'S HEALTH APPRAISAL FORM 2017-2018

Student's Name _____

Grade in 2017-18 _____

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: | | |

By typing my name below, I am confirming the information provided on this form is correct.

Parent/Guardian Signature

Date