St. Helen School

12060 Kinsman Road
Newbury, OH 44065

Mr. Patrick Gannon
Principal

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SCHOOL HEALTH QUESTIONAIRE

Child's Name ____ Date of Birth ___________________________

Address ____Home Phone _______________________

Father/Guardian's Name _________________________ Mother/Guardian's Name_____________________________

Physician's Name ____Phone __________________________________

Dentist's Name ____Phone __________________________________

Past History of Child (give year if possible) Chicken-Pox_________Allergies___________ Tonsillitis___________

Asthma ____________________ Bee Sting Allergy __________________Eczema, Hay Fever ___________________

Strep Throat _________________ Heart Disease _____________________Rheumatic Fever_____________________

Pneumonia ____________ Urinary Tract Infections ____________Frequent Colds, Sore Throats _________________

Seizures________(Explain) ____

Is there a family history of diabetes? ________

Hospitalizations, Injuries, Serious Illnesses or Surgeries: ____
____

Any ear infections? _________________ Which ear? ___________ Any hearing difficulty? _____________________

Any vision difficulty? _________Wear glasses? ______________ Wear contacts? ______________________________

Eye Specialist's Name ____Date of last exam ______________________

Any speech difficulty? _____________________________ Receiving therapy? _______________________________

Does your child eat breakfast? _______ Are there any eating problems? ______Explain: ______________________

What time does your child go to bed? _____________________Get up? _____________________________________

Is elimination satisfactory? ________ Is control satisfactory - Bowels _________ Bladder_____________________

What medication, if any, is your child taking? ____

____________________________________ ________________________

Parent/Guardian Signature Date