

St. Helen School

12060 Kinsman Road
Newbury, OH 44065
Office: 440-564-7125
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School Health Questionnaire

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: _____