



PINGREE SCHOOL HEALTH OFFICE
STUDENT HEALTH QUESTIONNAIRE
School Year 2013-14
DUE August 1, 2013

The information on this health form is confidential and not part of the student's permanent record. Information listed on this form will be used only as an aid to providing necessary health care while your son/daughter is a Pingree student. In addition to submitting this completed form, a copy of your son's/daughter's annual physical and immunization record is required for admission and/or re-enrollment. All medications must be kept in the health office (see Medication Policy in handbook.)

Student Name: _____

Date of Birth: _____

Since last fall (including events occurring at school):

1. Has the student had any illness or been evaluated, including hospitalizations, for any medical problems? If so, please give reason and approximate date(s):

2. Has the student been evaluated for or treated for any injury, including head injury or concussion? If so, please give reason and approximate date(s):

3. Has the student been restricted from sports or activities? If so, please give reason, approximate date(s), type of restriction and duration of restriction:

4. Does the student have any sports or activity restrictions presently? If yes, please explain:

5. Is the student receiving any medical treatment for any health problems presently? If yes, please specify diagnosis and give name and address of treating provider:

6. Please list all allergies (medical and environmental):

7. Please list all current medications:

8. Has the student sought any psychological counseling for emotional issues? Is the student still receiving care? Has the student ever been hospitalized for this condition?

Signature: _____
Parent/Guardian

Name: _____
Parent/Guardian

Date: _____

A yearly copy of your son's/daughter's annual physical and immunization record is required for admission and/or re-enrollment.