

Candia Moore School Annual Health Questionnaire

Name of Student: _____ Age: _____

Grade: _____ Teacher: _____ Date: _____

1. Has the student had a routine physical exam in the last year? Yes ___ No ___

Date _____ Physician/Agency _____

2. Has the student had a routine dental exam in the last year? Yes ___ No ___

Date _____ Dentist _____

3. Has the student had any new illness, injury or allergies in the last year?
Yes ___ No ___ If yes, please provide details:

4. Is the student taking any medication? Yes ___ No ___
If yes, what is the name and dosage

If yes, does it need to be given at school? Yes ___ No ___

If medication needs to be given at school, please obtain a completed medication administration form from your child's prescriber.

5. Is there any need for special assistance because of health issues?
Yes ___ No ___

If yes, please provide details and include any specific modifications required:

6. Has the student received any new immunizations in the last year? Yes ___ No ___
If yes, please provide a copy of the updated immunization list.

7. Does the student wear glasses or contacts? Yes ___ No ___
If yes, date of last eye exam: _____

This health questionnaire has been prepared so that we may be kept informed of the health of your child. Your cooperation in completing this form is greatly appreciated.

