

# Student Health Assessment

(To be completed by Parent or Guardian)

Sacred Heart of Jesus School

Annual Health Assessment 2021-2022

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M/F

1. Does your child have any medical conditions/injuries currently under treatment?  
Y/N Explain: \_\_\_\_\_
2. ADD/ADHD Medication? Name/dose/time of medication given: \_\_\_\_\_
3. Asthma? Y/N Inhaler at school? Y/N
4. Does your child have allergies? Y/N Epi Pen at school? Y/N Food \_\_\_ Medicine \_\_\_  
Animals \_\_\_ Seasonal \_\_\_  
Please list the allergen(s): \_\_\_\_\_
5. Does your child have Diabetes? Y/N If yes, age at diagnosis: \_\_\_\_\_
6. Does your child have hearing problems? Y/N If yes, hearing aid? Y/N Tubes in ears?  
Y/N
7. Does your child have speech problems? Y/N If yes, receiving speech therapy? Y/N  
Where? \_\_\_\_\_
8. Does your child have frequent headaches/migraines? Y/N
9. Does your child have learning disabilities? Please explain: \_\_\_\_\_
10. Does your child wear glasses/contacts? Y/N Farsighted \_\_\_ Nearsighted \_\_\_  
Lazy eye \_\_\_ Astigmatism \_\_\_
11. Does your child have epilepsy or a seizure disorder? Y/N
12. Does your child have celiac disease? Y/N
13. Does your child have any physical limitations? Y/N If yes, please explain: \_\_\_\_\_
14. School attended last year: SHOJ \_\_\_ Other \_\_\_\_\_
15. Are there any factors that the school nurse counselor or teacher should know about  
which might affect your child's school experience? \_\_\_\_\_

\_\_\_\_\_

I know of no health reason (s), other than information indicated on this form, why my child should not participate in any school activities.

Pediatrician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_