Canon-McMillan Student Health Survey

School:______________________________ Date: ________________

Student's Name: __________________________ Date of Birth:________________

Address: ____

Male ( ) Female ( ) Phone: ______________________________

__________________________ __________________________

Father's Name (first/last) Mother's Name (first/last)

Child resides with:____

Family Doctor: ________________________ Phone: ________________________

Please check any of the following which may apply to your child. (Use reverse of sheet for details)

1. _____ Speech Defect
2. _____ Vision Problems
   - _____ Glasses
   - _____ Contact Lens
3. _____ Hearing Defect
   - _____ Frequent Ear Infections
   - _____ Tubes (Date Inserted __________)
4. _____ Frequent Nose Bleeds
5. _____ Fainting
6. _____ Asthma
7. _____ Allergies
   - _____ Medications:____________________
   - _____ Skin Conditions;____________________
   - _____ Foods:____________________
   - _____ Insect Bites:____________________
   - _____ Other:____________________

     ____

     ____
8. _____ Diabetes
   - _____ Family History of Diabetes
9. _____ Seizures/Neurological Disorder
10. _____ Tuberculosis
11. _____ Heart Disease
    - _____ Defect
    - _____ Murmur
    - _____ Rheumatic Fever
    - _____ Restrictions
12. _____ Orthopedic Problems
    - _____ Restrictions
13. _____ Hospitalizations

    Date:________________________

    Hospital:________________________

    Reason:________________________
14. _____ Urinary Tract Problems
15. _____ Serious Head Injury
16. _____ Psychological Problems
17. _____ Frequent Strep Throat
18. _____ Chicken Pox (Date:__________________)
19. _____ Other Medical Conditions:

    (Use back of sheet if more room is needed)

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    ____

Medications taken regularly:____

____

Is student presently under the care of a physician? ( )Yes ( )No Reason:________________________

I hereby authorize the release of the information contained on the Health Survey to school personnel who may be involved in the education of the above named student.

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Signature of Parent/Guardian