

## 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:

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4. Is the student taking any medication? Yes \_\_\_ No \_\_\_

If yes, what is the name and dosage

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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:

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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.