



Dear Parents/Guardians,

Please find below a brief health history questionnaire to be completed for your child—**please complete a separate questionnaire for each child.**

Although not a requirement, the public health nurse liaison has recommended that we obtain this information each year for every student to keep our health records as up-to-date as possible. (It is a long time from Kindergarten to 5th grade and a lot can change in the interim period!)

Thank you for your help in trying to provide a healthy environment for all of the students of Holy Trinity School.

Student Name: _____

Grade: _____

Does your child have a diagnosis of asthma?

Yes

No

If yes, does s/he use an inhaled rescue medication?

Yes

No

Comments: _____

Will s/he carry an inhaler at school?

Yes

No

Does s/he wheeze or cough during or after play?

Yes

No

Does your child have any allergies?

Yes

No

If yes, what are his/her triggers? _____

Has your child had any serious injuries, illnesses, hospitalizations, or surgery since his/her last school physical?

Yes

No

—Broken bones? Joint problems?

Yes

No

—Head injury/concussion?

Yes

No

Comments: _____

Does your child have a history of many ear infections?

Yes

No

Have you noticed any problems with your child's hearing?

Yes

No

Have you noticed any problems with your child's vision?

Yes

No

Is your child on any medications? (Please list; include nonprescription medications used on a regular basis.) _____

Do you have any other comments or concerns about your child's health?

Yes

No

Comments: _____