

**DUNELLEN PUBLIC SCHOOLS**

**Health Survey**

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

Please check if your child has the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Allergies - life-threatening         | <input type="checkbox"/> Frequent ear infections                 |
| <input type="checkbox"/> Allergies - non life-threatening     | <input type="checkbox"/> Frequent nosebleeds                     |
| <input type="checkbox"/> Anxiety and/or depression            | <input type="checkbox"/> Frequent stomach aches                  |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> High blood pressure                     |
| <input type="checkbox"/> Bladder or bowel issues (wets/soils) | <input type="checkbox"/> History of surgery                      |
| <input type="checkbox"/> Cancer                               | <input type="checkbox"/> Hypertension                            |
| <input type="checkbox"/> Chronic headaches                    | <input type="checkbox"/> IEP                                     |
| <input type="checkbox"/> Concussion/head injury               | <input type="checkbox"/> Orthopedic problems                     |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Routine medication at school or at home |
| <input type="checkbox"/> Diagnosed with add                   | <input type="checkbox"/> Scoliosis                               |
| <input type="checkbox"/> Eyeglasses or hearing aids           | <input type="checkbox"/> Seizure disorder                        |
| <input type="checkbox"/> Food intolerances                    | <input type="checkbox"/> Speech problems                         |
| <input type="checkbox"/> Frequent colds                       |  |

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Normal pregnancy and delivery?  Yes  No

Additional information you would like to share with the school nurse:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_