Hilda Lahti Elementary School
Health Questionnaire 2020-2021

NAME_____ GRADE____

BIRTHDATE_____ TEACHER_____

Does your child have any of the following?

1.	Hearing Problem	YES	NO		
2.	Vision Problem	YES	NO		
3.	Speech Problem	YES	NO		
4.	Asthma/Respiratory Condition	YES	NO	MILD	SEVERE
	Inhaler Prescribed	YES	NO		
5.	Allergies	YES	NO		
	a. Hay Fever			MILD	SEVERE
	b. Insect Sting			MILD	SEVERE
	c. Medication Allergy (Name)_____				
	d. Food Allergy (Name)_____				
6.	Diabetes	YES	NO	MILD	SEVERE
7.	Heart Condition	YES	NO	MILD	SEVERE
8.	Heart Murmur	YES	NO		
9.	Seizure Disorder	YES	NO		
10.	Kidney or Bladder Problem	YES	NO		
11.	Orthopedic Problem (bone)	YES	NO		
12.	Hyperactivity (under doctor's care)	YES	NO		

If you answered YES to any of the above, please explain

_____

_____

Other Medical Information

1. Is your child under a doctor's care? If yes, please explain_____
   _____
2. Doctor's Name_____
3. Will your child need to take any medication at school? If yes, please complete the authorization form.
4. Does your child have any other health problems? If yes, please explain_____
   _____
5. Does your child have health concern that you would like to discuss with our Nurse?_____
   _____

_____ _____

Signature of Parent/Guardian Date