

BERLIN COMMUNITY SCHOOL
ELEMENTARY HEALTH SURVEY – GRADES PK-4
To be completed by Parent/Guardian

1. Student Information:

First Name:		M.I.	Last Name:	
Gender:		Birth Date:		

2. Childhood Illnesses (please record dates in the spaces to those that apply):

Chickenpox:		Lyme Disease:		Frequent Ear Infections:	
Rheumatic Fever:		Hepatitis:		Measles:	
Mumps:		Rubella:		Strep Infections:	
Other:		Other:		Other:	

3. Surgical History (please record dates in the spaces to those that apply):

Adenoidectomy:		Appendectomy:		Tonsillectomy:	
Herniorrhaphy:		Myringotomy:		Other _____:	

4. Medical History (please check (✓) those that apply, and explain in space provided):

Allergies:		Asthma:		Kidney Problems:	
Convulsions:		Fractures:		Speech Problems:	
Hearing Problems:		Heart Problems:		Vision Problems:	
Frequent Headaches:		Teeth Problems:		Diabetes:	
Other _____:	Please explain or provide details below regarding any of the above items:				

5. Other:

Any significant health concerns or hospitalizations?
Does your child take medications? If so, please list:
Will your child need medication during school hours? How often?
Does your child have a health condition which may require emergency action? If so, please explain in detail:
Does your child have any physical limitations or restrictions?
May I share this information with appropriate school staff?
Parent/Guardian Signature: _____ Date: _____