

Greenleaf Friends Academy
GENERAL HEALTH QUESTIONNAIRE



To Parents and Guardians:

The following information is needed for school records. Please be as accurate as possible. Do not leave spaces blank—draw a line or write N/A in spaces that do not relate to your child. Thank you.

Student's Full Name _____

1) Remarks regarding your child's health or development you want to call to our attention (epilepsy, diabetes, hemophilia, etc.) _____

2) Does your child have any mental or emotional problems? Explain:

IMMUNIZATION RECORD:

Please complete or attach a copy of immunization records with this questionnaire.

<u>Immunization</u>	<u>Date Received</u>	<u>Immunization</u>	<u>Date Received</u>
DTP	_____	MMR	_____
	_____		_____
	_____	Hepatitis A	_____
	_____		_____
Polio	_____	Hepatitis B	_____
	_____		_____
	_____	Varicella	_____
	_____		_____

_____ My child has not received immunizations, and I have signed and attached a Certificate of Exemption.

Date of most recent physical examination _____

Date of most recent dental examination _____

Date of most recent eye examination _____

The following will help us understand your student better. Please complete as accurately as possible.

My child has:

Frequent colds _____

Allergies _____ If so, what? _____

Ear Infections _____ Frequent bouts of pneumonia _____

Diabetes _____

Special medications _____ Allergies to medication _____

Please list any operations, injuries, or other health concerns _____

