

Annual Health Questionnaire
Plainfield Public Schools

(Information provided will be shared with appropriate staff as stated in the Family Education Rights and Privacy Act (FERPA)).

Student: _____

Date of Birth _____ Grade _____

Please answer (Y)es or (N)o to the following:
My child

- 1. has fainted or blacked out Y N
- 2. has a family member who died suddenly or unexpectedly at a young age Y N
- 3. is prone to chest pain and/or shortness of breath during exercise Y N
- 4. has had seizure activity in past 12 Months Y N
Specify: _____
Medications: _____
- 5. received immunizations in the last 12 months Y N
Specify: _____
- 6. was seriously ill/sustained injury or had surgery in previous 12 months? Y N
Specify: _____
- 7. is allergic to bees/wasps Y N
Specify reaction: _____
- 8. is allergic to medicines Y N
Specify: _____
- 9. is allergic to pollen and/or mold Y N
- 10. has been diagnosed w/ asthma Y N
- 11. is allergic to foods Y N
Food(s): _____
Reaction(s): _____
- 12. is diabetic Y N

- 13. takes medicine, vitamins or herbal supplements regularly Y N
Specify: _____
- 14. takes medicine, vitamins or herbal supplements for emergencies or when ill Y N
Specify: _____
- 15. wears glasses Y N
 for board work for reading all day
(check all that apply)
- 16. has hearing aids Y N
- 17. has specialized equipment Y N
(ie: wheelchair, braces, assistive feeding devices, crutches, walker, catheterization supplies, ostomy supplies)
Specify: _____
- 18. has diagnosis of ADD/ADHD Y N
- 19. has diagnosis of depression Y N
has diagnosis of anxiety Y N
has diagnosis of manic depression or bipolar disorder Y N
- 20. has dental insurance Y N
- 21. has medical insurance Y N
- 22. Is there anything you would like to speak to the Nurse about that is not on this list? Y N

Parent/Guardian Signature _____
Phone _____

Date _____

(* Parent may provide other useful information on reverse of this form.)