

METHACTON SCHOOL DISTRICT  
Student Health Survey

Student Name \_\_\_\_\_ Date \_\_\_\_\_

1. Any problems with the baby's delivery? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

2. Any problems with the baby at birth? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

3. Does your child have any special health needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

4. List all illnesses and/or operations. Give dates and length of hospitalizations  
\_\_\_\_\_

5. Is your child presently under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

6. List all allergies to foods, plants, insects and medicines.  
\_\_\_\_\_  
What are the symptoms? \_\_\_\_\_  
What is the treatment? \_\_\_\_\_

7. List all medications the student takes on a regular basis  
\_\_\_\_\_

8. Does your child have a bowel or bladder problem?  
Explain \_\_\_\_\_

9. Does your child wear eye glasses? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your child wear a hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are there any behavioral problems you wish to discuss? Tantrums? Aggressiveness?  
Explain \_\_\_\_\_

11. Are there any developmental concerns? Speech, Physical, Emotional, Social?  
Explain \_\_\_\_\_

12. Are there any other concerns you wish to discuss with the teacher or school nurse?  
Explain \_\_\_\_\_

Parent Signature \_\_\_\_\_

