St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Health Questionnaire

Information will be reviewed by the licensed school nurse and kept in the student's confidential health file.

GENERAL INFORMATION

Student's Legal Name _____ ☐ Male ☐ Female Birth Date _____

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip Code _____ Primary Phone _____

Primary Parent Name 1 _____ Cell Phone _____ Work Phone _____

Primary Parent Name 2 _____ Cell Phone _____ Work Phone _____

PAST MEDICAL HISTORY

Any prenatal/ birth complications ☐ No ☐ Yes Explain _____

Developmental delays ☐ No ☐ Yes Explain _____

Childhood illnesses ☐ No ☐ Yes Explain _____

Childhood injuries including head injuries ☐ No ☐ Yes Explain _____

CURRENT HEALTH STATUS **Overall Health** ☐ Fair ☐ Good ☐ Excellent

Concerns/problems/illness (describe) _____

Medical diagnosis _____

Allergies _____ Epi-pen ☐ No ☐ Yes *(will need doctor permission in writing)*

Medications (home) _____ School ☐ No ☐ Yes *(will need doctor permission in writing)*

Activity restrictions _____

Head ☐ Normal ☐ Concerns Explain _____ Migraines ☐ No ☐ Yes

Nose/throat ☐ Normal ☐ Concerns Explain _____

Eyes/vision ☐ Normal ☐ Concerns Explain _____ Glasses ☐ No ☐ Yes

Ears/hearing ☐ Normal ☐ Concerns Explain _____
Hearing aids ☐ No ☐ Yes ☐ L ☐ R

Respiratory ☐ Normal ☐ Concerns Explain _____
Asthma ☐ No ☐ Yes Inhaler ☐ No ☐ Yes

Heart/cardiovascular ☐ Normal ☐ Concerns Explain _____

Stomach/intestines ☐ Normal ☐ Concerns Explain _____

Genital/urinary ☐ Normal ☐ Concerns Explain _____

Neurological/muscular ☐ Normal ☐ Concerns Explain _____

Endocrine ☐ Normal ☐ Concerns Explain _____
Diabetes ☐ No ☐ Yes Insulin ☐ pump ☐ CGM

Skin/dental ☐ Normal ☐ Concerns Explain _____

Mental Health Any diagnosis by a health care provider? ☐ No ☐ Yes

Condition/date/provider _____

Behavior concerns ☐ Normal ☐ Concerns Explain _____

Family concerns ☐ Normal ☐ Concerns Explain _____

HEALTH INSURANCE ☐ YES ☐ NO

Parent/Guardian Signature _____ Date _____