AIS HEALTH QUESTIONNAIRE

Please help us to help your child by completing this form and bring it to the school doctor.
To maintain health of the student both physically and mentally it is important for us to gain/update the information about his/her past & current health practices.

All questions contained in this questionnaire are strictly confidential and will become part of the student medical record.

Today's Date: _____

Name of the student (Last, First, M.I.) _____ ☐ M ☐ F

Date of Birth (dd/mm/yy) _____

Personal Health History

Childhood illness: ☐ Measles ☐ Mumps ☐ Rubella ☐ Chickenpox ☐ Rheumatic Fever ☐ Polio

Is your child up-to-date with their immunizations? **Yes** □ **No** □
If your child is **not up-to-date** with their immunizations, please contact your doctor to arrange this.

Is there any chronic condition or disease that I should be aware of that may limit your child's activities? **Yes** □ **No** □
If yes, please elaborate

Does your child have any special physical or learning needs that require support in school? **Yes** □ **No** □
Please give details:

Does your child have any other medical or health problems I should be aware of? **Yes** □ **No** □
If yes, please specify

Have your child had any of the following within the past year?

Hospitalizations	**Yes** □ **No** □	Visits to a Health Facility	**Yes** □ **No** □
Seizures	**Yes** □ **No** □	Surgeries	**Yes** □ **No** □
Accidents	**Yes** □ **No** □	Mental Health Issues	**Yes** □ **No** □

If you answered yes to any of the above, please give dates and explanation:

Allergies to medications, vaccines, stings or foods **Yes □ No □**

If Yes, please give details: Name of Allergen / Reaction your child had / Management

Is your child on any medication or treatment? **Yes □ No □**

If Yes, please give details: Name of medication / Strength / Frequency taken / Illness

Will your child be on any medication that must be administered during school hours? **Yes □ No □**
If yes, NAME OF MEDICATION/ Strength / Frequency taken /

Please note that school policy for medication requires written prescription from a physician as well as written permission from a parent/guardian. The medication must be brought to school (by an adult) in the original container.

The school medical team maintains a basic pharmacy and supplies for providing first aid and treating/relieving minor health symptoms while at school.

Parents may be notified after initial medical evaluation of the condition. In case of an emergency, the ambulance and/or medical facility will be contacted and sick / injured student will be taken to the appropriate Hospital.

Parent/Guardian Name and Signature _____

Emergency contacts _____

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