

METROPOLITAN SCHOOL DISTRICT OF MT. VERNON
HEALTH SURVEY

Student's Name:

Birth Date:

Grade:

DISEASE HISTORY:

Date

Frequent Sore Thorats?

Yes

No

Chicken Pox:

Frequent Colds?

Yes

No

Measles:

Frequent Nose Bleeds?

Yes

No

Mumps:

Frequent Nose Bleeds?

Yes

No

Scarlet Fever:

Mononucleosis?

Yes

No

Rheumatic Fever:

Is this child taking medication?

Yes

No

Tonsillitis:

Has this child had major surgery?

Yes

No

Pneumonia:

Is this child under a doctor's care?

Yes

No

Bronchitis:

Has this child had convulsions?

Yes

No

Asthma:

Is there diabetes in this child's family?

Yes

No

Hepatitis:

List Student Medications

Whooping Cough:

Heart Disease:

Medications:

Dosage:

Time:

High Fever:

List Child's Health Problems

Health Problem/Surgery

Date Diagnosed

Physician

Does this child have epilepsy?

Yes

No

If yes, what was the cause?

Has the child lived in close contact with anyone known to have Tuberculosis?

Yes

No

Has this child been tested for sickle cell anemia?

Yes

No

List all known allergies:

Lead Poisoning?

Yes

No

List accidents or injuries:

Date:

Signature Field

You may add a digital signature if you have created one. Follow the on-screen instructions. You may submit this via email, or print out and return to the school office.