WELD RE-4 SCHOOL DISTRICT HEALTH SCREENING QUESTIONNAIRE-revised 2-18

Dear Parents/Guardians:

Please help us plan for your child's well being during school hours by completing this form carefully. Thank you.
Your Weld RE-4 School Nurses

Student: _____ DOB: ___/___/___ Gender: M F School: _____

Grade level: _____ City and State of last school attended: _____

Name of person filling out questionnaire: _____ Relation to child: _____

1) When has your child last had a routine health exam: _____ By whom? _____

2) Does your child have any allergies? NO YES
If YES, list and explain type of reactions: _____

3) Does your child have any chronic health conditions? (Please circle which ones) asthma, diabetes, ulcers, seizure disorders, nervous conditions, frequent ear infections, strep infections, bronchitis, heart condition
Any other conditions? _____
If conditions exist: a. Is the student still under treatment? NO YES
b. Can school health services be helpful? NO YES
If YES, please comment in detail: _____

4) Has your child had any serious illness, operations, hospitalizations, or injuries—including head injuries, concussions, or loss of consciousness? NO YES Has your child been diagnosed with a traumatic brain injury? NO YES
If YES to either of above please explain: _____

5) Has your child had any problem with: Hearing? NO YES Vision? NO YES
Last exam for: Hearing: _____ By whom? _____
Vision: _____ By whom? _____

If YES to either hearing or vision problems, please explain: _____

6) Is your child on any medication? NO YES Reason prescribed: _____
If YES, list medication and directions: _____
Does medication need to be given in school? NO YES

Medication can only be given in school with signed permission by doctor and parents.
Contact health room staff at your child's school or go to the district website, www.weldre4.org, click on RE-4 Departments, then Health Services, and click on "Medication" tab.

7) Weld RE-4 staff may give my student a non-medicated cough drop upon student request: NO YES

8) Does your child have any limitations or disabilities? NO YES
If YES, please explain: _____

9) Does your child have any need for special attention because of health problems? NO YES
If YES, please explain:_____

I am aware that my student's health information may be shared with school officials on a need to know basis as outlined in School Board Policy JRA Weld County School District RE-4 Student Records/Release of Information Concerning Students.

_____ _____

Signature of Parent/Guardian Date