

**CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT
HIGH SCHOOL STUDENT HEALTH SCREENING FORM**

(To be completed by Parents/Guardians/Student and returned to school **with record of physical examination** on entering school)

(In Answering The Following Questions, Please Circle YES or NO)

Name of Student: _____ Grade: _____ Date: _____

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|--|-----|----|
| 1. Has your child ever had an allergic reaction? If YES, describe to what, the reaction and treatment.

_____ | Yes | No |
| 2. Does your child have asthma? If yes, how is it managed? _____
_____ | Yes | No |
| 3. Is your child susceptible to frequent colds and throat infections: | Yes | No |
| 4. Has your child had any ear trouble or problems with hearing? If YES, please describe. | Yes | No |
| 5. Has your child had any eye trouble or problems with seeing? If YES, please describe. | Yes | No |
| 6. Does your child wear glasses or contact lenses? Date of last exam. _____ | Yes | No |
| 7. Does your child have any dental issues? If YES, please state any special problems?
_____ | Yes | No |
| 8. Does your daughter have any menstrual problems? If YES, please describe plan of cure
_____ | Yes | No |
| 9. Does your child have convulsions or seizures? | Yes | No |
| 10. Does your child have a heart condition? | Yes | No |
| 11. Has your child had any marked changes in weight recently? | Yes | No |
| 12. Does your child frequently complain of abdominal pain? | Yes | No |
| 13. Does your child have frequent headaches? | Yes | No |
| 14. Is your child taking any medicines, tablets or vitamins now? | Yes | No |
| 15. Does your child have any present physical limitations that may require program modification or restrictions? | Yes | No |
| 16. Are there any health concerns that should be discussed with the school nurse. | Yes | No |
| 17. Do you need assistance in obtaining health or dental insurance? | Yes | No |

Signature of Parent/Guardian/Student

Date

CALLS, DISCUSSION, CONCERNS AND QUESTIONS FROM THE FAMILY TO THE HEALTH SERVICES STAFF RELATING TO THE STUDENT'S HEALTH ARE WELCOME AND ENCOURAGED. YOUR HEALTH SERVICES STAFF PEOPLE CAN BE REACHED AT **978-341-2490 extension 7158**.