

Health Assessment Form for School

Title: School Health Assessment Form

Student Details:

- Full Name: _____
- Date of Birth: _____
- Grade/Level: _____
- Guardian/Parent Name: _____
- Contact Information: _____

Health Background:

- Medical Conditions: _____
- Allergies: _____
- Medications: _____
- Past Surgeries: _____

Vision and Hearing Screening:

Test	Result	Date	Comments
Vision (Left)			
Vision (Right)			
Hearing (Left)			
Hearing (Right)			

General Observations:

- Height: _____ cm

- Weight: _____ kg
- BMI: _____

Parent/Guardian Signature: _____

Date: _____