

# Health Check Form for Students

Date of Submission: \_\_\_\_\_

## Student Information:

- Full Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Grade/Class: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Health History:

- Does the student have any chronic conditions?  Yes  No  
If yes, please specify: \_\_\_\_\_
- Allergies (if any): \_\_\_\_\_
- Medications (if any): \_\_\_\_\_

## Recent Symptoms:

- Fever in the past 24 hours?  Yes  No
- Cough or sore throat?  Yes  No
- Difficulty breathing?  Yes  No
- Other symptoms: \_\_\_\_\_

## Physical Examination (For Nurse/Healthcare Use):

Category	Observation	Details	Action Taken
Temperature			
Heart Rate			

<b>Respiratory Rate</b>			
<b>Additional Notes</b>			

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_