**Student Health Assessment Form**

#### **Student Details**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Class/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Health Information**

| **Health Parameter** | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- |
| **Any known allergies** | **☐** | **☐** |  |
| **Vision problems** | **☐** | **☐** |  |
| **Hearing difficulties** | **☐** | **☐** |  |
| **Chronic illnesses** | **☐** | **☐** |  |
| **Vaccinations updated** | **☐** | **☐** |  |
| **Physical disabilities** | **☐** | **☐** |  |
| **Medication needed** | **☐** | **☐** |  |
| **Special care required** | **☐** | **☐** |  |

#### **Emergency Contact**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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