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: _____