

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM
HEALTH SURVEY FORM**

39513022

Date _____

Child's Name _____ DOB _____ Entering Grade _____

Address _____ Phone Number _____

Entering School _____ Last School Attended _____

Name of Person Giving Information _____ Relationship _____

Date of last physical exam _____ Date of last dental exam _____

Does student have health insurance _____

HAS YOUR CHILD EVER ATTENDED A MARYLAND PUBLIC SCHOOL? _____

	YES	NO	COMMENTS
1. Has the student received all the immunizations required for school?			
2. Is the completed Maryland Immunization Certificate attached?			
3. Will the student require medication to be given at school?			
4. Does the student take any medication at home that the health room should be aware of?			
5. Does the student have any history of: a. Allergies (asthma, bee sting, foods, medication, etc.) b. Seizures c. Other serious illness d. Serious accidents e. Hospitalizations or operations f. Chronic illness (Diabetes, Sickle Cell, etc.) g. Speech difficulties h. Handicapping Condition			
6. Does the student have any activity restrictions?			
7. Does the student have any eye problems? (crossed eyes, trouble seeing, wears glasses or contacts, tear duct problem)			
8. Does the student have any ear or hearing problems?			
9. Do you have any concerns about your student's behavior or emotional well-being? (activity, fears, peer relationships, etc)			
10. Do you have any concerns about your student's medical history? (such as medical problems related to your pregnancy, labor or delivery?)			
11. Do you have any concerns about your student's general health? (eating and sleeping habits, posture, teeth, skin, weight, daytime wetting, etc.)			
12. Does your student have a doctor?			
13. Do you need help in finding a doctor or getting health insurance for your student?			

OFFICE USE ONLY

Back39513022

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Received with registration:

- _____ Proof of current immunization status
- _____ Physical Exam Form - Parent/Guardian Section
- _____ Dental Form
- _____ Physical Exam Form – Provider Section

Given to parent/guardian at registration:

- _____ Maryland Immunization Certificate
- _____ Maryland Lead Certificate –if appropriate
- _____ Health Services Procedure Form

Immunization Status:

- _____ Complete Maryland Immunization Certificate
- _____ Other Immunization records
- _____ Incomplete status
- _____ No immunization record

Health Room Notes or Comments: