

ST. RAPHAEL SCHOOL  
HEALTH QUESTIONNAIRE

School Transferred From \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Parent's or Guardian's Name: Father \_\_\_\_\_ Mother \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**MEDICAL HISTORY**

Has your child had any of the following diseases? Give **date** as close as possible.

Chickenpox \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Mumps \_\_\_\_\_ Sore Throats \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Regular Measles \_\_\_\_\_ Hay Fever, Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergy \_\_\_\_\_ Asthma \_\_\_\_\_ Eczema, Hives or Other Skin Conditions \_\_\_\_\_

Hospitalizations (Reasons and Dates) \_\_\_\_\_

Medication Being Taken (Reason, Name, Dosage) \_\_\_\_\_

Ear Infections \_\_\_\_\_ Hearing Difficulty \_\_\_\_\_

Visual Difficulty \_\_\_\_\_ Wear Glasses or Contacts \_\_\_\_\_

Name of Eye Specialist \_\_\_\_\_ Date of last exam \_\_\_\_\_

Speech Difficulty \_\_\_\_\_

Other Health Problems \_\_\_\_\_

**FAMILY HISTORY**

Indicate if any member of the family has or has had the following:

Tuberculosis \_\_\_\_\_ Diabetes \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

**HEALTH PROTECTIVE MEASURES INCLUDING IMMUNIZATION**

DTaP, DPT or DT SHOT 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

4th \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_

POLIO 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

IPV/OPV

4th \_\_\_\_\_ 5th \_\_\_\_\_

MMR Date 1st \_\_\_\_\_ Date \_\_\_\_\_ 2nd \_\_\_\_\_

HIB Date \_\_\_\_\_

HEP B Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

VARICELLA (CHICKEN POX) Date \_\_\_\_\_ Date \_\_\_\_\_

MCV4 (Meningococcal) Date \_\_\_\_\_

Please give FULL dates for all immunizations. As your child receives future immunizations throughout their school years please inform the school nurse of the type and date.

I hereby certify that this child has had the immunizations as stated above.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date