

7. Has the student had any of the following conditions (check appropriate column). If yes is checked, please write a brief explanation below:

	YES	NO
a. Diabetes	_____	_____
b. Asthma	_____	_____
c. Anemia	_____	_____
d. Ear Infection	_____	_____
e. Chicken Pox	_____	_____
f. Seizure Disorder	_____	_____
g. Mononucleosis	_____	_____
h. Rheumatic fever	_____	_____
i. Scarlet fever	_____	_____
j. Hernia	_____	_____

Explanation: _____

8. Date of last physical examination _____ PHYSICIAN _____

9. Date of last dental examination _____ DENTIST _____

EVALUATION OF HEALTH QUESTIONNAIRE MAY REQUIRE FURTHER MEDICAL EVALUATION

Parent/Guardian Signature

Date