



**Secondary School Health Questionnaire Form
Confidential**

1. Child Details

Name of Child _____ Sex: Male/ Female

Date of Birth _____ Place of Birth _____ NHS Number _____

Home Address _____

Telephone: Home _____ Mobile _____ Work _____

Parent/Guardian's Email Address _____

Any Previous Addresses _____

Name of School _____

Previous Schools and Address

Name and address of General Practitioner (family doctor)

Are your child's immunisations up to date? (including 2 doses of MMR)
Yes / No

2. Does your child have any of the following? (Please give details)

	YES	NO	Please give details
Disability			
Asthma requiring current treatment			
Epilepsy (Fits/ Convulsions)			
Diabetes			
Allergies			
Other medical problems (please specify)			

3. Is your child on any medication / inhalers, which might have to be given in school? Yes/No

If yes please give details _____

4. Please indicate below if you have any concerns or if your child is receiving any treatment regarding the following.

	YES	NO	Please give details
Hearing			
Vision			
Height/ Weight			

5. Ethnicity: (Please circle as appropriate)

White

- A British
- B Irish
- C Any other white background

Mixed

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

Black or Black British

- M Caribbean
- N African
- P Any other Black background

Other Ethnic Groups

- R Chinese
- S Any other Ethnic group

Language spoken at home _____

Please do not hesitate to contact the School Nurse if your child has any health, cultural or religious needs that you wish to discuss.

Signed _____ Date _____

Please print name of parent/guardian _____

Relationship to child _____

Parental responsibility YES/NO (please circle)

Thank you for completing this form. Please return to school for the attention of the School Nurse.

Please inform the School Nurse if at any time any of the above information changes so that records can be updated.

<u>For Office Use Only</u>			
Questionnaire screened	Yes / No	Action needed	Yes / No
Outcome _____			

Name/ Designation			
Signature		Date	