D. José da Costa Nunes Kindergarten

Questionnaire for Health Status of Students

_____/_____

Name of student: _____ Class: _____

Sex: ☐M / ☐F Date of birth:_____ Tel. No.: _____

Please fill in the following questionnaire by ticking "Yes" or "No" in the columns below, or, if necessary, to describe in the "Detail" column.

Item	Yes	No	Details
1. Your child has been sent into hospital for any medical treatment, checkup or operation? (previous surgeries and hospitalization)?			
2. Is your child still under any kind of medication or continuous medical treatment?			
3. Has your child undergone blood transfusion?			
4. Has your child had any childhood diseases like measles, chickenpox, mumps, etc?			
5. Has your child suffered from any of the following sicknesses?			
A. Diseases of the cardiovascular system			
1) Chest pain –esp. when using strength			
2) High tension			
3) Arrhythmia			
4) Heart murmur			
B. Diseases of the respiratory system			
1) Apnea			
2) Asthma			
3) Irregular breathing			
4) ronchitis			
5) Emphysema			
C. Diseases of the nervous system			
1) Epilepsy			

Item	Yes	No	Details
2) Poliomyelitis			
D. Diseases of the endocrine system			
1) Diabetes			
2) Thyroid			
E. Diseases of the digestive system			
1) Stomach (ulcers), pancreas, intestines, gallbladder, liver			
2) Hernia			
F. Diseases of the genitourinary system			
1) Kidneys, ureters, bladder, urethra			
2) Urinary tract infection			
G. Diseases of the muscle and bone			
1) Rheumatism, arthritis, articulations			
2) Fractures			
H. Autoimmune disease (please specify)			
I. Blood disorders (please specify)			
J. Paralysis, deafness, blindness			
K. Special needs (mental or emotional) that necessitate treatment			
L. Genetic disease (ex.: G6PD, Trisomy 21, etc)			
6. Has your child suffered from other serious or chronicle diseases or has been injured severely in any accident other than the items mentioned above?			
7. Is your child allergic to food or any medicine?			
8. Does the child have any other illness not mentioned above? Please specify.			

I hereby certify that the above information given, to my best knowledge, is true.

Date

Signature of parent / guardian