

BELLOWS FREE ACADEMY – FAIRFAX, VT
SCHOOL ENTRY HEALTH QUESTIONNAIRE

Student's Name: _____ Date of Birth: _____ Date: _____

Home Address: _____ Telephone: _____

Parent Name: _____ Parent Name: _____

Family Status: Married ___ Divorced ___ Remarried ___ Single ___ Separated ___
 Civil Union _____

Student's Doctor: _____ Student's Dentist: _____

IMMUNIZATION RECORD

It is a federal law that all children have an updated immunization record on file before a student is admitted into school. Please attach a current copy of the student's immunization records.

Is the student currently being treated for any illness or condition the school should know about?
 No ___ Yes ___ Doctor's Name if different than above _____

Is the student taking any medications? No ___ Yes ___ Medication: _____
(If the student will take prescription medication at school please ask to see the nurse for medication permission to be signed by your doctor)

I give permission to the BFA Fairfax School Nurse to exchange information and otherwise assist in the medical management of my child including direct communication with my child's primary care provider *circle yes no*

ALLERGIES: _____

(Medications/ food/ contact, if Benadryl or Epinephrine pen is needed for this allergy please see the nurse for allergy action plan)

Medical History

1. Please describe anything unusual that occurred during pregnancy or at the birth of this child. (i.e. bleeding, illness during pregnancy, low birth weight, premature birth, extended hospital stay) _____
2. Serious past illnesses: _____
3. Hospitalizations, operations (give age) _____
4. Serious Accidents/injuries-(fractures, head trauma)

5. Asthma? no ___ yes ___ Medications _____
(Please ask the nurse for an Asthma Action Plan for school if you do not have one)

