



Sandwich Public Schools Health Status Worksheet

Please complete and sign:

Student Name: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Dental Insurance: / /Yes / / No

Health Insurance: / /Yes / / No Name of Insurance Company: _____

Operations: _____

Accidents: _____

Allergies: _____

Does child wear eyeglasses? / /Yes / / No or have hearing loss / /Yes / / No

Is child presently under the care of a physician who is a **specialist**? / /Yes / / No

If yes, please explain: _____

Does your child take any medication? / /Yes / / No

If yes, please explain: _____

Does your child have any physical handicap that might necessitate a change in the school program? / /Yes / / No

If yes, please explain: _____

Does your child have any on-going medical problems? (Asthma, diabetes, seizures, allergies, etc.) / /Yes/ / No

If yes, please explain: _____

Any recommendations to be carried out at school?

I understand that the above information will be shared with teachers when appropriate.

Date: _____

Parent Signature