



HEALTH INFORMATION QUESTIONNAIRE
(This information will be shared with school personnel with a
Need to know in order to benefit the student)

Student's Name _____ Date of Birth _____

School _____ Previous School _____ Grade _____

Information provided by _____ Relationship to Student _____

Parent/Guardian's Legal Name _____ Phone _____

Physician/Health Care Provider _____ Last exam/care _____

Health Insurance ____ Yes ____ No Company _____

Dentist _____ Last exam _____

Dental Insurance ____ Yes ____ No Company _____

Please check those that apply:

_____ Activity Restrictions
Describe _____

_____ Medications at home (oral, inhalers, injections)
Describe _____

_____ Medications at school
Describe _____

_____ Need assistance in finding healthcare provider or other health resources.

_____ Request information about Hawk-I (state children's health insurance program)

_____ Would like to talk with the school nurse about a health concern.