

Loomis Basin Charter School
3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

Health Assessment Report
New Students – 1st through 8th Grade

Student's Name _____ **Grade** _____ **Today's Date** _____

Dear Parent: Your child's success in school depends to a great extent on his physical well being. Completion of this form will help the school best provide for the needs of your child. The information obtained is confidential and will be given only to school personnel who are involved with your child.

Physician's Name _____ Last Seen _____ Reason _____

Dentist's Name _____ Last Seen _____ Reason _____

Has your child had a professional eye exam? _____ Last Exam _____

Does your child wear glasses or contacts? _____ When should glasses be worn? _____

Has your child had any of the following? (Please check and describe any problems)

Serious Illness _____

Serious Accidents _____

Operations _____

Hospitalizations _____

Head Injury _____

Ear Infections _____

Allergies _____

Frequent colds, minor illness _____

Seizures _____

Vision Problems _____

Hearing Problems _____

Speech Difficulties _____

Learning Difficulties _____

Is your child taking any medication on a regular basis? _____

Are there any special conditions to be watched at school? _____

Any limitation in physical activity? _____

Currently under doctor's care for health problems? _____

Any health problems or family matters school should know? _____

Signature _____ Relation to child _____