

BRIDGE SCHOOL
STUDENT/APPLICANT QUESTIONNAIRE
MEDICAL – CONFIDENTIAL

Student's name: _____

Date: _____

Student's doctor: _____

Phone: _____

Student's dentist: _____

Phone: _____

Date of most recent physical exam: _____

Please attach a current copy of student's immunization record or moral/medical exemption form (form is available at school on request.) Immunization records and/or moral/medical exemption forms are required by Vermont Law.

Is student currently being treated for any illness or condition the school should know about?

_____ No

_____ Yes

If yes, describe the illness. _____

Doctor's name if different from above: _____

Is student taking any medications?

_____ No

_____ Yes

If yes, list medications: _____

Medical History

1. Please describe anything unusual that occurred during pregnancy or at birth of this child (e.g., bleeding, illness or drugs during pregnancy; low birth weight; premature birth; cord around neck; baby blue or yellow; R.H. negative; transfused; extended hospital stay.) _____

2. Serious past illnesses: _____

3. Hospitalizations, operations (give age:) _____

4. Serious accidents/injuries (e.g., fractures, trauma to head, poison ingestion:) _____

5. Allergies, asthma triggers: _____

Medications: _____

6. Childhood illnesses (e.g., chicken pox, high fever, seizures, measles, scarlet fever, strep throat, pneumonia, frequent headaches or bloody noses) – give approximate age: _____

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Medical History -- continued

7. EARS

Has student experienced ear infections?

_____ **NO**

_____ **YES** If yes, are infections frequent (more than 3/year?) _____

Has hearing ever been tested?

_____ **NO**

_____ **YES**

Are there any hearing difficulties?

_____ **NO**

_____ **YES** If yes, describe. _____

8. EYES

Has vision ever been tested?

_____ **NO**

_____ **YES**

Are there any vision or eye problems?

_____ **NO**

_____ **YES** If yes, describe. _____

9. Long-term or chronic illnesses or problems (e.g., diabetes, bed-wetting, cystic fibrosis, head-banging.) _____

Describe care or medication needed. _____

10. Physical or motor difficulties: _____

11. List family history of:

Diabetes _____

High blood pressure _____

Heart disease _____

Seizures _____

Cancer _____

12. Is there anything else we should know about your child? _____

Parent/Guardian signature _____ Date _____

BRIDGE SCHOOL
STUDENT/APPLICANT QUESTIONNAIRE
FAMILY & SCHOOL HISTORY – CONFIDENTIAL

FAMILY

Does your child live with both natural parents? _____ NO _____ YES

Do parents live together? _____ NO _____ YES

If “NO to either question, please explain child’s custody, visitation arrangements and/or court-ordered visitation/custody restrictions.

Are there other significant adults living in your home? _____ NO _____ YES

If “YES,” please explain. _____

Child’s status in family: _____ oldest _____ middle _____ youngest _____ only

Siblings and other children living at home:

_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____

CHILD’S SCHOOL HISTORY

Has child attended school before? _____ NO _____ YES

If “YES,” name of school: _____

Pre-school location (city and state): _____

Preschool dates of attendance: _____ FROM (month/year) _____ TO (month/year)

Preschool days attended weekly: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

Has child attended playgroups or childcare? _____ NO _____ YES