

# School-Age Assessment & Health Form & Immunization Declaration

## 1. Health Statement

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at the time):

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2. Any special health-related needs of child (allergies, medications, injuries, etc.):

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## 2. Physical Assessment

1. Is there any defect of vision, hearing or speech of which Lincoln BASP should be aware, or could compensate by appropriate action?

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2. Is this child subject to any conditions that limit classroom activities or physical education?

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3. Is this child subject to any condition that may result in an emergency situation?

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4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

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Other Information: \_\_\_\_\_

Note: My signature certifies that immunization information for my child has been provided and is on file at Lincoln Elementary School.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_