

Annual Student Health Assessment

Student Information

Full Name

Student ID

Date of Birth

Grade/Year

Contact Information

Parent/Guardian Name

Phone Number

Email Address

Home Address

Medical History

Chronic Medical Conditions

Allergies

Current Medications

Immunization

Are immunizations up to date?

Date of Last Immunization

Physical Assessment

Height (cm)

Weight (kg)

Vision

Hearing

Other Notes

Additional Comments or Special Needs