

## Parent Questionnaire

Dear parents!

Your details will only be seen by the school doctor. They will be treated in strict confidentiality and therefore, in your own interest, should be handed to the doctor in a sealed envelope. A fully completed questionnaire will assist the work of the school doctor.

Family name of pupil \_\_\_\_\_ First Name \_\_\_\_\_ - \_\_\_\_\_

Gender: male \* female\* Date of birth (DD.MM.YYYY) \_\_\_\_\_

Name and address of parents (legal guardian): \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Employment status of parents: father: yes\* no\* mother: yes\* no\*

Year of birth of siblings \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Are the parents diabetic? father: yes\* no\* mother: yes\* no\*

Are the parents overweight? father: yes\* no\* mother: yes\* no\*

Which infections has the pupil had?

measles: yes\* no\* whooping cough: yes\* no\*

scarlet fever: yes\* no\* rubella : yes\* no\*

chicken pox (shingles) yes\* no\* mumps: yes\* no\*

jaundice yes\* no\* other \_\_\_\_\_

Are there or have there been other illnesses e.g. frequent sore throats, inflammation of the joints, birth defects or heart/circulation, stomach, bowel, lung, kidney, urinary tract, skin and nervous system illnesses.

Please underline the relevant illnesses.

Further details: \_\_\_\_\_

Operations or permanent consequences from an accident: \_\_\_\_\_

Regular intake of medication, if yes, which \_\_\_\_\_

Has the pupil been vaccinated against encephalitis (ticks) yes\* no\* last vaccination on \_\_\_\_\_

Further Particulars:

Bronchial asthma	yes* no*	frequent headaches	yes* no*
Allergies (eczema, hay fever, medication, insect allergies)			yes* no*
chronic middle ear inflammation (perforated eardrum)			yes* no*
Diabetes	yes* no*	sight defect	yes* no*
Fainting	yes* no*	hearing defect	yes* no*
Seizures	yes* no*	speech defect	yes* no*
Observations (insomnia, increased snoring, bed wetting, frequent vomiting etc.			yes* no*

Date: \_\_\_\_\_

Signature of parents (legal guardian): \_\_\_\_\_