

School Student Health Assessment Survey

This **school student health assessment survey** form sample is designed to efficiently collect essential health information from students. It ensures a comprehensive overview of their physical and mental well-being for better school health management. The form supports proactive measures to promote a safe and healthy learning environment.

Student Information

Full Name

Age

Grade

 Select Grade

Parent/Guardian Name

Contact Phone

Medical History

Has the student had any of the following? (Check all that apply)

 Asthma **Diabetes** **Allergies** **Epilepsy** **None**

Other conditions or details (if any):

Does the student take any medication regularly?

 Yes **No**

If yes, please list medications:

Mental & Emotional Health

In the past 6 months, has the student experienced any of the following? (Check all that apply)

Anxiety

Depression

Sleep Issues

None

Other (please specify):

Immunization Status

Are the student's immunizations up to date?

Select



Comments (if any):

Emergency Information

Emergency Contact Name

Emergency Contact Phone

Primary Care Physician

Submit Assessment