



# State of Connecticut and YMCA Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, our personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the medical advisor prior to participation in school, child care or camp. An immunization update and additional health assessments are required in the sixth or seventh grade and in the tenth or eleventh grade for schools. Specific grade level will be determined by the local board of education.

Please print

Name of Child (Last, First, Middle)	Social Security Number	Birth Date	Sex
Address (Street)	Race/Ethnicity		
Town and Zip Code	<input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other		
Home Telephone Number	School/Program	Grade	
Name of Parent/Guardian (Last, First, Middle)			
Health Care Provider		Health Insurance Company/Number* or Medicaid/Number*	

\*If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

## PART I – TO BE COMPLETED BY PARENT

**Important: Complete Part I before your child is examined.  
Take this form with you to the health care provider's office.**

Please check answers to the following questions in columns on the left. (Explain all "yes" answers in the space provided below.)

- |                              |                          |   |
|------------------------------|--------------------------|---|
| YES                          | NO                       |   |
| 1. <input type="checkbox"/>  | <input type="checkbox"/> | Do you have any concerns about your child's general health (overall eating and sleeping habits, teeth, etc.)?   |
| 2. <input type="checkbox"/>  | <input type="checkbox"/> | Has your child been diagnosed with any chronic disease <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> seizure disorder <input type="checkbox"/> other: _____? |
| 3. <input type="checkbox"/>  | <input type="checkbox"/> | Does your child have any allergies (food, insects, medications, latex, etc.)?   |
| 4. <input type="checkbox"/>  | <input type="checkbox"/> | Does your child take any medications (daily or occasionally)?   |
| 5. <input type="checkbox"/>  | <input type="checkbox"/> | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?  |
| 6. <input type="checkbox"/>  | <input type="checkbox"/> | Has your child had any hospitalization, operation, major illness or injury, or significant accident? (Please specify).  |
| 7. <input type="checkbox"/>  | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with wheezing, excessive coughing or excessive night waking? (Please specify).   |
| 8. <input type="checkbox"/>  | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination? (Please specify).   |
| 9. <input type="checkbox"/>  | <input type="checkbox"/> | Does your child have health insurance? (If your child does not have health insurance, call 1-877-CT-HUSKY).   |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Does your child have dental insurance?  |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Would you like to discuss anything about your child's health with the nurse?  |

Please explain any "yes" answers here. For illnesses/injuries/etc. include the year and/or your child's age at the time.

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I give permission for release of information on this form for confidential use in meeting my child's health and education needs in school, child care or camp.

Signature of Parent/Guardian

Date

