**Dr. Martin Luther King, Jr. Montessori Academy**



**Health Information Survey**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_**

Please circle ANY and ALL of your child’s health conditions. If your child does not have any health conditions, then check “NONE” at the end of the list.

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| **CODE** | **DESCRIPTION****(PLEASE SPECIFY)** | **CODE** | **DESCRIPTION****(PLEASE SPECIFY)** |
| 01A | ALLERGY, FOOD | 17D | SPEC HEALTH OROPHARYNGEAL SUCTION |
| 01B | ALLERGY, ENVIRONMENT | 17E | SPEC HEALTH, LIFTING, AMBULATORY ASSIST |
| 01C | ALLERGY, MEDICATION | 17F | SPEC HEALTH, SPEC FEEDING TECH |
| 01D | ALLERGY, ANAPHYLAXIS | 17G | SPEC HEALTH, TRACHEOTOMY CARE |
| 01F | ALLERGY, URTICARIAL | 17H | SPEC HEALTH, VENTILATOR CARE |
| 01G | ALLERGY, INSECT SING | 17I | SPEC HEALTH, WHEELCHAIR BOUND |
| 02A | EATING DISORDER, ANOREXIA | 10 | CANCER, LEUKEMIA |
| 02B | EATING DISORDER, BULIMIA | 19 | GASTROINTESTINAL DISORDER |
| 02C | EATING DISORDER, OVERWEIGHT | 22 | CHRONIC RESPIRATORY CONDITIONS |
| 02D | EATING DISORDER, MALABSORPTION | 24 | TOURETTE SYNDROME |
| 03 | ARTHRITIS | 25 | OTHER DISABILITIES |
| 04A | CURRENT ASTHMA/REACTIVE AIRWAY DISEASE (USE OF AN INHALER OR ASTHMA ATTACK IN THE PAST 12 MONTHS) | 28 | NON-VERBAL, VENTILATOR CARE |
| 04B | HISTORY OF ASTHMA/REACTIVE AIRWAY DISEASE (ABSENCE OF INHALER USE OR ASTHMA ATTACK IN THE PAST 12 MONTHS) | 29 | HEARING IMPARED |
| 05 | CEREBRAL PALSY | 30 | VISION IMPARED |
| 06A | DIABETES TYPE I (USES INSULIN) | 32 | CYSTIC FIBROSIS |
| 06B | DIABETES TYPE II (DOES NOT USES INSULIN) | 33 | IMMUNE SUPPRESSED (E.G. CHEMO) |
| 07 | EPILEPSY/ SEIZURE DISORDER | 34 | KIDNEY DISEASE |
| 08 | HEART CONDITION | 35 | MIGRAINE HEADACHES |
| 09 | BLEEDING DISORDER/ HEMOPHILIA | 36A | PSYCH DISORDER, BEHAVIOR |
| 10 | IMMUNE DIFICIENCY | 36B | PSYCH DISORDER, EMOTIONAL |
| 12 | MUSCULAR DYSTROPHY | 36C | PSYCH DISORDER, ADDICTIVE |
| 13 | SCOLIOSIS | 36E | PSYCH DISORDER, SCHOOL PHOBIA |
| 15 | SICKLE CELL DISEASE | 37 | AUTISM |
| 16 | SPINA BIFIDA | 38 | ADD/ADHD |
| 17A | SPEC HEALTH, GASTRONOMY FEEDING TUBE | 39 | ORTHOPEDIC DISORDERS |
| 17B | SPEC HEALTH, NEBULIZER TREATMENT | 40 | NEUROLOGICAL DISORDERS |
| 17C | SPEC HEALTH, CATHERTERIZATION | 911 | CRITICAL/ CRONIC MEDICAL ALERT |

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|  **NONE OF THE ABOVE** |

Note: This form is used to update the A06 panel in terms