

**TERVEYSTIETOJA OPPILAASTA/
HUOLTAJAN ILMOITUS
KOULUTERVEYDENHUOLLOLLE**

**HEALTH INFORMATION ABOUT A PUPIL/
GUARDIAN'S REPORT
TO THE SCHOOL HEALTH CARE**

Name of the school:

For the purposes of conducting a health check on your child starting school, please fill in the form and return it as soon as possible to the school nurse. The information will be processed confidentially.

1 Pupil	Surname and forenames		Social security number
	Home address		Home telephone
2 Parents/ guardians, with whom the pupil lives	Name and year of birth		Occupation and telephone no. at work
	Mother tongue <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other		Employment outside home <input type="checkbox"/> Daywork <input type="checkbox"/> Shift work <input type="checkbox"/> Evening work <input type="checkbox"/> Night work <input type="checkbox"/> Travels a lot
	Family connection/foster relationship to the pupil <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other, what:		
	Name and year of birth		Occupation and telephone no. at work
	Mother tongue <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other		Employment outside home <input type="checkbox"/> Daywork <input type="checkbox"/> Shift work <input type="checkbox"/> Evening work <input type="checkbox"/> Night work <input type="checkbox"/> Travels a lot
	Family connection/foster relationship to the pupil <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other, what:		
3 Pupil's siblings	Name and year of birth		Health
			School/child welfare clinic
4 Pupil's current health	<input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		
5 Pupil's illnesses	What illnesses does the pupil currently have?		
6 Pupil's constant or recurrent medication	Name of the drug		
7 Pupil's allergies	Name of the substance		
	Foodstuff		
	Medical substance		
	Other substance		
8 Recurring symptoms exhibited by the pupil	<input type="checkbox"/> Common cold <input type="checkbox"/> Stuffed breathing <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Rashes <input type="checkbox"/> Convulsions <input type="checkbox"/> Headache <input type="checkbox"/> Stomach-ache <input type="checkbox"/> Growing pains <input type="checkbox"/> Lack of appetite <input type="checkbox"/> Constipation <input type="checkbox"/> Tiredness <input type="checkbox"/> Other, what:		
9 Pupil's illnesses and disorders	Notable long-term illnesses, accidents, operations, invalidity or disability		

