## 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/	Name and year of birth	Occupation and telephone	no. at work			
guardians, with whom						
the pupil	Mother tongue	Employment outside home	3			
lives		EveningNight Travels				
	Finnish Swedish Other	Daywork Shift work work work a lot				
	Family connection/foster relationship to the pupil					
	☐ Mother ☐ Father ☐ Grandparent ☐ Foster parent ☐ Other, what:					
	Name and year of birth	Occupation and telephone	e no. at work			
	Mother tongue	Employment outside hom				
	Finnish Swedish Other	☐ Daywork ☐ Shift we	Evening Night Travels  Shift work			
	Family connection/foster relationship to the pupil					
3 Pupil's	☐ Mother ☐ Father ☐ Grandparent ☐ Foster par Name and year of birth	rent	School/child welfare clinic			
siblings	,					
4 Pupil's		•	<u> </u>			
current health	Good Satisfactory Poor					
5 Pupil's	What illnesses does the pupil currently have?					
illnesses						
6 Pupil's	Name of the drug					
constant or recurrent						
medication	Name of the cultatories					
7 Pupil's allergies	Name of the substance					
	Foodstuff					
	Medical substance					
	inedical substance					
	Other substance					
8 Recurring						
symptoms exhibited	Common cold Stuffed breathing Pharyngitis Rashes Convulsions					
by the pupil	☐ Headache ☐ Stomach-ache ☐ Growing pains ☐ Lack of appetite ☐ Constipation ☐ Tiredness					
	Other, what:					
9 Pupil's illnesses and	Notable long-term illnesses, accidents, operations, invalid	dity or disability				
disorders						

10 Pupil's eyesight	☐ Visual defect ☐ Has eyeglasses ☐ Treated for visual defect, where:					
and hearing	Hearing defect Has a hearing aid Treated for hearing defect, where:					
	Speech defect, what:	Treated for speech				
11 Other symptoms	☐ Wetting of pants ☐ Bed wetting ☐ Dirtying of pants ☐ Difficulties in adapting oneself ☐ Restlessness					
exhibited by the pupil	☐ Timidity ☐ Defiance or whining ☐ Biting of nails ☐ Twitching of the face ☐ Weeps easily					
	☐ Difficulties in falling asleep ☐ Restless sleeping ☐ Grates one's teeth					
	Undergoing treatment/has been treated, where:					
12 Day-care, that the		Name of the	Name of the child maid/day-care place			
pupil has attended to	Child maid at home Family day care					
before starting	Private Municipal					
school	Day-care centre					
	Private Municipal Children's home					
	Private Municipal					
13 Taking care			e child maid/day-o	care place		
of the pupil outside school	Who takes care of the child outside school ho after he/she has started going to school	Juis				
14 Guidance, centre that	Name and address of the child guidance centre that the child has last attended to					
the pupil has gone to						
15	the basic vaccinations and boosters necessary for children of school age judge	Do you allow the school doctor or nurse to tell the teacher, according to his/her judgement, of such health problems of your child that possibly may affect schoolwork  Do you have issues related to your philosophy of life that you wish to be taken into account at school and in school health care				
		res □ No		☐ Yes ☐ No		
16 Additional information	For example, about the pupil's health, travelling to and from school, transport and communication, the health of the family members, living surroundings etc.					
about the pupil						
17	Is there otherwise something special that you want to discuss with the school nurse					
	No Yes, what:					
18 Signature	Place and time Guardian's signature and clarification of the name					
19 School	Name		Phone number			
nurse			. Hone number			