



January 2016

NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein

and is confidential and not a public record

Department of Health and Human Services

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

(Middle)

Student Name:

(Last)

(First)

Birthdate (M/D/YYYY):

School Name:

- 1. Other Non-White
- 2. White
- 3. Black
- 4. American Indian
- 5. Chinese
- 6. Japanese
- 7. Hawaiian
- 8. Filipino
- 9. Other Asian
- 10. Unknown

Hispanic or Latino Origin: 1. Yes 2. No

Race:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s):

Home:

Work:

Cell Phone:

Information to perform their assigned duties:

Medications Prescribed for Student:

Student's Allergies, Tics, and Reasons Required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Passed vision screening: Yes No

Comments related to this student:



