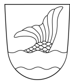

Vantaa

INQUIRY RELATED TO THIRD-GRADER'S PHYSICAL EXAMINATION

City of Vantaa | Family Services | Preventive Health Care
School Health Care

Dear Guardians,

Please answer the questions below, related to your child's physical examination, together with your child. The information given will be treated **in confidence.** Please return the form in a sealed envelope to the school nurse either directly or through a teacher.

Basic information on child and family	Name		Identity number
	Address	Post code and post office	
	Parent or other guardian	Identity number	Tel. (office hours)
	Parent or other guardian	Identity number	Tel. (office hours)
	Guardians' partnership ☐ marriage / cohabitation ☐ joint custody ☐ single parent, who ☐ other		
	Changes in guardians' partnership / custody (e.g., divorce, stepfamily, death of a parent)		
	Relationships with a parent / sibling living elsewhere; meeting arrangements and frequency		
	Meetings with a parent living elsewhere (days / month)		
	Child's siblings and other family members; name and year of birth		
Child's school attendance	Does your child like to go to school ☐ yes ☐ no, why		
	Does your child have friends ☐ yes ☐ no	Does your child have good relationships with the teachers ☐ yes ☐ no ☐ cannot say	
	Is your child subjected to bullying or discrimination ☐ no ☐ yes, how		
	Does your child have learning difficulties ☐ no ☐ yes ☐ cannot say	Does your child have concentration difficulties ☐ no ☐ yes ☐ cannot say	
	Support measures ☐ special-needs education and / or remedial instruction, in subject(s): ______ ☐ decision on special-needs ☐ therapy (physical, speech, occupational therapy, other), what		
	☐ Child is in contact with the school welfare officer / psychologist or psychiatrist ☐ Family is in contact with family counseling clinic ☐ The child has a personal school assistant		
Child's health	Guardians' assessment of child's health ☐ very good ☐ fairly good ☐ satisfactory ☐ rather poor ☐ poor		
	Child's own assessment of his/her health ☐ very good ☐ fairly good ☐ satisfactory ☐ rather poor ☐ poor		
	Does your child have a chronic disease or ailment, what		
	Place of treatment		
	Medication		

Child's health	
Child's health	Allergies (food / other allergies), what
	Has your child had an accident that required doctor's care / hospital treatment for the past 12 months ☐ no ☐ yes, what
	Has your child had the following symptoms / infections during the past 12 months

	No	Yes	How often
Headache	☐	☐	
Blocked nose or cold	☐	☐	
Cough	☐	☐	
Lack of appetite	☐	☐	
Infections (e.g., flu, ear infection, diarrhea)	☐	☐	
Bed wetting / stained trousers ☐ at night ☐ in the daytime	☐	☐	
Psychological symptoms	☐	☐	
Constipation	☐	☐	
Sleep disorders	☐	☐	
Tiredness	☐	☐	
Weepiness	☐	☐	
Adaptation difficulties, restlessness	☐	☐	
Shyness and / or tension	☐	☐	
Defiance, aggression	☐	☐	
Stomach problems	☐	☐	
Dizziness or fainting	☐	☐	
Rash	☐	☐	
Joint ache	☐	☐	
Pain in the back / shoulders	☐	☐	
Other recurring symptoms, what	☐	☐	

Child and family's health habits	
Child and family's health habits	Does your child have daily ☐ breakfast ☐ school lunch/lunch ☐ dinner ☐ snacks ☐ evening meal
	How many times a week do you have dinner together
	Does your child take a daily vitamin-D supplement round the year ☐ no ☐ yes
	Does your child drink milk every day ☐ yes, type of milk ☐ no
	What is your child's favored thirst-quencher
	Does your child drink energy drinks ☐ no ☐ yes

Child and family's health habits	Your child sleeps from — to on weekdays and from — to on weekends
	Family's time together, child's hobbies
	Do you have financial problems
	How many hours a day does your child watch TV and/or use the computer and/or gaming console
	Child's curfew at on weekdays and at on weekends
	What are your child's leisure-time activities
	Does anybody in the family smoke ☐ no ☐ yes ☐ mother ☐ father ☐ both Does anybody in the family smoke indoors Is alcohol used at home no ☐ no ☐ yes, how often
	Are you worried about any family member's intoxicant abuse ☐ no ☐ yes
	Is there bullying or violence in the family ☐ no ☐ yes, what kind
	Is there anything in your child's growth and /or development that worries you ☐ no ☐ yes, what
	Are there any issues in your family that might affect your child ☐ no ☐ yes, what
	Describe your child's strengths, positive characteristics, and ability to get along with same-age children
Date and signatures	Date Guardian's signature Guardian's signature