



KWANGJU FOREIGN SCHOOL

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ASSESSMENT OF STUDENT HEALTH

STUDENT NAME: _____

GRADE: _____

To the best of your knowledge, has your child had any problems with the following?

Condition	Yes	No	Condition	Yes	No
Allergies(foods, insects, drugs, seasonal) 알레르기(음식, 벌레, 약물, 계절성(꽃가루))			Visual Disorder 시각장애		
Asthma or Breathing Problems 천식 또는 호흡기 질환			Speech Problems 언어장애		
Asperser Syndrome (Autism) 자폐증			Blood disorder (Anemia) 혈액질환(빈혈)		
Attention-Deficit/Hyperactivity Disorder 주의력 결핍/과잉 행동장애			Sickle cell Disease (Non-Trait) 겸상적혈구빈혈		
Diagnosed Behavioral Disorder 진단 된 행동장애			Bowel Problems / Bladder Problems 배뇨질환 / 방광질환		
Diagnosed Mental Disorder 진단 된 정신질환			Heart Problem 심장질환		
Nervous Disorder 불안장애			Muscular Problem 근골격계질환		
Developmental Problems 발달장애			Diabetes 당뇨		
Cerebral Palsy 뇌성마비			Surgery 수술경험		
Epilepsy / Seizures 간질 / 발작			Hospitalization (When / Why) 입원력 (언제 / 왜)		
Hearing Problems of Deafness 청각질환			Others 기타 다른 질환		

Additional information about those conditions checked "Yes".

PARENT NAME: _____

DATE: _____

PARENT SIGNATURE: _____