

**FEEDBACK FORM**  
To be filled in by the parent

**patient number**  
*For research purposes 2017-2018*

**How beneficial or harmful do you think the school doctor's examination was?**

(Please check the part that you think best describes the benefit or harm)

A great deal of benefit	Quite a lot of benefit	Only a little benefit	No benefit or harm	Only a little harm	Quite a lot of harm	A great deal of harm	I don't know

**Please explain your answer**

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Student's name

Student's date of birth

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Parent's name

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Date

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Parent's signature

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