

Health Form

FOR STUDENTS

Name of the Student (in capital letters) : _____

Middle Name if any : _____

Surname : _____

Class and Section : _____

Date of Birth (as per school records) : _____

Home Address : _____

Family Doctor's details:

Name : _____

Address : _____

Telephone : _____ Mobile : _____

Details of persons to be contacted in case of an emergency:

(1) Name: _____

Telephone: _____ Mobile : _____

(2) Name: _____

Telephone: _____ Mobile : _____

Personal Medical Details of Students

Tick off what is appropriate:

CONDITION / COMPNAINT	YES	NO
1. Asthma or bronchitis		
2. Heart related problems		
3. Fits / Fainting / Blackouts		
4. Severe Headaches		
5. Diabetes		
6. Allergy to any drugs / food		
7. Blood Pressure		
8. HIV / AIDS		
9. Travel related sickness		
10. Any other illness or disability		

OTHER QUESTIONS	YES	NO
Have you received vaccination against Tetanus in the last 5 years?		
Are you receiving medical or surgical treatment of any kind?		
Have you been given specific medical advice to follow in emergencies?		
Are you taking any medication at all at present?		

(If the answer to any of these if **YES** please give details below.)

STATEMENTS:

My ward is in good health and I consider herself capable of taking part in the normal programmes of the institution.

Parent's Signature : _____

Name : _____

Relationship with child : _____

Date : _____