

Medical record – Doctor’s information

To be completed by a doctor after the child’s physical examination

Height _____ Weight _____ Eyesight _____

General State of Health

Doctor’s Recommendations - if any

Vaccinations and Immunizations -

Parents are requested to keep all vaccinations and immunizations up-to-date as indicated by the physician, with special attention to the tetanus booster (in case of accidents at school).

	DATE	BOOSTER	BOOSTER
Mandatory vaccinations			
Diphtheria/Tetanus/ Poliomyelitis (DTP)			
Other vaccinations			
Measles/ Mumps/Rubella (ROR)			
Haemophilus influenzae B (Hib)			
Meningococcal C			
Pneumococcal (PCV)			
Whooping cough			
Hepatitis B			

Doctor’s name _____

Address _____

Telephone _____ Date _____ Doctor’s Signature _____

Medical record – Parents' information

To be completed by the child's caregiver(s) and returned to school prior to the child's admission.

Student's Name _____ Sex: Male Female
Surname (Last name) Given (First) Name

Home address _____

1st caregiver – Relationship to child:

Mr Mrs Ms _____
Surname (Last name) Given name

Telephone: Home _____ Mobile _____ Office _____

2nd caregiver – Relationship to child:

Mr Mrs Ms _____
Surname (Last name) Given name

Telephone: Home _____ Mobile _____ Office _____

In case of an emergency, the school will contact the primary caregivers listed above. If no one can be reached, the child will be taken to hospital.

Allergy details _____

Has the student had any of the following diseases or conditions?

Chicken Pox

Mumps

German Measles

Scarlet fever

Measles

Convulsions

Frequent Headaches/Earaches _____

Surgery _____

Has a psychologist ever been consulted in connection with the child's behaviour or school performance?

No Yes If yes please give details and attach any relevant reports.

Any other health information regarding your child that you feel we should know _____

Has any member of the family had T.B Diabetes Epilepsy

The reverse side of this form must be completed by a physician