

MEDICAL INFORMATION FORM

Dear parent/guardian: The following information is requested so that the school can work with you to meet the physical, intellectual and emotional needs of your child. Please kindly fill out the

INFORMATION ABOUT STUDENT	
Name:	
Date of Birth:	
Class :	
Address:	
Mother's Home :	Mobile phone:
Father's Home :	Mobile phone :

information requested. And it should be submitted before your child's first day of school.

HEALTH HISTORY

Please tick

	HEALTH HISTORY	YES	NO	RESOLVED
1	Allergies or Reactions (for example, food, medication or other)			
2	Hay Fever, Asthma, or Wheezing			
3	Eczema or Frequent Skin Rashes			
4	Convulsions/Seizures			
5	Heart Problem			
6	Diabetes			
7	Frequent Colds, Sore Throats, Earaches			
8	Trouble with Passing Urine or Bowel Movements			
9	Shortness of Breath			
10	Speech Problems			
11	Menstrual Problems			
12	Dental Problems			
13	Any daily medications			
14	Fainting or blacking out			

- Does your child take any medication(s) regularly? _____
- Reason for medication: _____

Handwritten initials: PPO, BA

Handwritten initials: pu

PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS (Required for Child Care)

Was your child tested for vision	YES	NO
Was your child tested for hearing	YES	NO
Was your child tested for urinalysis (urine)	YES	NO
Was his/her blood level tested	YES	NO

Test Result

Visual acuity	NORMAL	ABNORMAL	Visual aid (medical glasses)
Hearing ability	NORMAL	ABNORMAL	Hearing aid
Hemoglobin (Blood level)	NORMAL	ABNORMAL	
Weight (kg)			
Height			

SURGICAL HISTORY: Has your child ever been operated? YES / NO _____

What was the diagnosis: _____

What is your child blood group and Rhesus factor: _____

BIRTH HISTORY (Give a brief outline, that is: bone prematurely, caesarian delivery, forceps etc...)

- Any health problem from birth?

- Are there any current or past diagnoses? YES / NO.

IF YES please describe

- Was your child immunized? YES/NO
- IF you child is below 5years, please attached the vaccination card to this form.
- Daily Medications (specify):

- This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation:



- This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____
- **In case of an emergency, can the school call you child's doctor in case you are unobtainable? YES/ NO**
- **IF YES, doctor's name and phone number**

- Can the school let another doctor examine your child? _____

Other informations? YES/ NO

If YES, explain:

"Isolation of a pupil with a contagious illness/disease"

(Varicella-zoster virus, Conjunctivitis, Flu, Measles)

Dear Parents,

To combat all possible sources of contamination and minimize any danger of transmission, rules of hygiene are essential in a school environment. Throughout the school year, TBIS monitors closely hygiene to protect your children from infection.

To help us, you are given a full medical guide at the start of each school year. If your child has any known medical condition, please attach the medical record to this form.

Please read the documents carefully and, if your child is having treatment, please ask the doctor concerned to complete the form. At the start of the school year, please hand this folder at the School Reception desk, marked MEDICAL INFORMATION so that the medical staff can take any necessary action.

Please rest assured that all such information is confidential and only the medical staff have access to it.

We encourage you to keep us up-to-date with any changes in your child's state of health. The entire Bridge International School team thanks you for your support.

Parent's signature

