Medical Form	Ad. Date ..... Ad. No. ..... Entry Age .....yrs ..... m P S F ..... of ..... P L D Left Office Use Only

The following information is needed by the school doctor to ensure safe and comprehensive treatment is provided.

Child's Family Name :	Given Names :
Date of Birth : Day- Month- 19	Sex (M or F)
Place of Birth :	Nationality :

1. Vaccinations	Date of last vaccination	Course completed Yes / No
B. C. G.		
Diphtheria		
Measles		
Mumps		
Polio		
Rubella		
Tetanus		
Typhoid		
Whooping Cough		
Yellow Fever		

Others (Please note) : .....

2. Blood Group, (Enter type or 'not tested') : .....

Tested for sickle cell anaemis? (Yes / No) ..... Result : .....

3. Does the pupil suffer from any of the following?

	Never	Sometimes	Often
Allergies			
Asthma			
Chest infections			
Ear infections			
Nervous disorders			
Skin troubles			
Stomach disorders			
Throat infections			

Does this pupil have an allergic reaction to any drug? (Yes / No) .....

If YES enter full details : .....

.....

4. State the number of brothers and sisters .....

   Were there any antenatal and delivery problems? .....

   What was the weight at birth? .....

5. Give details of any accidents the pupil has had :

   .....

   .....

   Has the pupil been in hospital or operated upon? .....

   Give dates and details : .....

   .....

   .....

6. Does the child take antimalarial prophylactics? Yes / No

   Which kind? ..... | How often? .....

7. Date of most recent visit to dentist : .....

   Date of most recent medical examination : .....

   Date of most recent eye examination : .....

   Does the pupil wear glasses? No π Reading only π All the time π

8. Are there any restrictions on physical activity? *(Please give details)*

   .....

   Does the pupil wet the bed? Never π Sometimes π Often π

9. Swimming ability : Good π Average π Hesitant π Non-swimmer π

10. Does your child have special dietary needs? .....

    .....

11. Telephone number to call in an emergency : Country : .....

    Home : ..... Office : ..... Ext. : .....

I expect the school staff to take the action they consider best in cases of emergency.

Name of person signing :	Relationship to the child :
Signature :	Date : Day- ..... Month- ..... 19.....

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