JESUIT MEMORIAL COLLEGE

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STUDENT HEALTH FORM 1

(TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN)

The following are **required**:

1. immunisation against childhood communicable diseases
2. medical examination by a certified medical practitioner

NB:

1. **PARENTS are to complete this form (Form 1)**.
2. Please attach a copy of your child's medical report to this form before submission.
3. If your child is unfit to participate in sporting activities, please also attach a letter from a certified medical practitioner to that effect before submission.

PLEASE USE CAPITAL LETTER THROUGHOUT

STUDENT'S INFORMATION

NAME: ____

Surname *First Name* *Other Name(s)*

DATE OF BIRTH (*dd/mm/yyyy*): _______________________ GENDER: ___________

1. Please tick accordingly:

	YES	NO	DETAILS (*if any*)
Allergy (drugs, food, insects, smoke, dust, etc.)			
Asthma			
Behaviour or emotional problem			
Birth defect			
Bladder problem			
Bleeding problem			
Bowel problem			
Cerebral palsy			
Concussion			
Diabetes			
Ear or hearing problem			
Eye or vision problem			
Heart problem			
Lead poisoning			
Meningitis			
Prematurity			
Seizure			
Sickle cell disease			
Speech problem			
Surgery			

2. Has your child ever had an illness, condition or injury that required him/her to spend one or more nights in a hospital? Yes ☐ No ☐

If yes, please describe the illness, condition or injury: ____

____

3. Is your child currently on medication? Yes ☐ No ☐

If yes, please describe the ailment and medication: ____

____

____

4. Has your child ever been seen by a mental health clinician or psychologist? Yes ☐ No ☐

If yes, why? ____

____

5. Do you have any concern or question about your child's health that you would like to discuss with the school nurse? Yes ☐ No ☐

The parents/guardians of any child with a cardio-vascular ailment, sickle cell disease and/or epilepsy are expected to request for a meeting with the school nurse for plans for the continued care of the child.

FATHER'S INFORMATION

NAME: ____
Surname *First Name* *Other Name(s)*

SIGNATURE: ______________________________ DATE: ______________________

MOTHER'S INFORMATION

NAME: ____
Surname *First Name* *Other Name(s)*

SIGNATURE: ______________________________ DATE: ______________________