



JESUIT MEMORIAL COLLEGE

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STUDENT HEALTH FORM 1

(TO BE COMPLETED BY THE STUDENT'S PARENTS)

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 (<i>if any</i>)
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 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: _____