



Please use this box to indicate any major allergy or restriction
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Boarding Student's Health Form

We would be grateful if you could complete this form in order to give us the basic medical information that we need about our boarding students.

First Name	Family Name	Birth Date (dd/mm/yy)	Sex (M/F)
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Emergency Contact - Name:	
Address:	
Telephone (Office):	(Home):
(Cell phone):	
Fax:	E-mail:

Does your child suffer from any of the following ailments: (please answer YES or NO) ?

Asthma:	Diabetes:	Epilepsy:	Heart Problems:
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Please indicate the date (if any) on which your child had any of the following diseases:

Chicken Pox:	Hepatitis A:	Hepatitis B:	Hepatitis C:
Measles:	Mumps:	Polio:	Rheumatic Fever:
Rubella:	Tuberculosis:	Whooping Cough:	Other (specify):

Please give the date(s) your child received the following vaccinations/inoculations:

BCG (anti-TB)	Gamma Globulin	HBV (Hepatitis)	Measles
Meningitis	Mumps	Polio	Rabies
Rubella	T.A.B.	Tetanus	Triple Vaccine (DPT)
Yellow Fever	Other (specify)		

Prescription medicines required for treatment of chronic conditions should accompany the student as these are not always available. They may only be used with the knowledge of the boarding parent and the school nurse.

Name of medicine supplied:

I request the school nurse to provide malarial prophylactics to my child:

Yes No

I will provide my child with malarial prophylactics:

Yes No

If Yes, please specify which:

SIGHT: How would you describe your child's sight?

Good Poor Very Weak

Does your child wear glasses or contact lenses?

Yes No

HEARING: How would you describe your child's hearing?

Good Poor Very Weak

Give details of any hypersensitivities or allergies to drugs or food, etc. which you have knowledge of:	
Give details of any medical reasons why your child may not be able to take part in organised school activities (such as swimming, sports, outdoor pursuits, horse riding, etc) or which might affect their performance in school:	
Please give details of any operations (including dates), chronic or recurrent illnesses, or any other factors that might affect your child's physical, mental or emotional well-being. [Continue on a separate sheet if necessary]	

Parent's signature:

Date:

Note: All medicines (including malarial prophylactics), syringes, etc. are to be handed to the school nurse on arrival. Only the necessary minimum may be kept by the student with the school nurse's approval.

Please attach to this form any medical details which you feel it would be helpful for the School to be aware of. Should your child develop any medical condition in future which may affect their school life, we would request that you write to give us full details. The school nurse or school doctor will give your child any medical treatment or medication that they feel necessary in the case of illness or accident and you will subsequently be informed of such treatment. Please indicate on an attached sheet any points that you wish us to note.

Health Evaluation / Physical Examination

For new students only:

To be completed by a medical officer before arrival at ISM. (The school does not provide this service)

Date of Examination:		Blood Group (A/B/AB/O, Rh+/-)	
Pulse:	Blood Pressure:	Height:	Weight:
General Appearance:		Skin/Hair/Nails:	
Eyes/Vision:		ENT / Hearing:	
Neck:		Chest wall, breasts:	
Lungs:		Heart:	
Abdomen:		Back:	
Urogenitalia:		Nervous System:	
Extremities:		Mental Status:	

Signature of Medical Officer:

Qualifications:

Date: