



Student Medical History Form

Student No.:

Dear parent/ Guardian:

Kindly fill this form about the medical History of your Son /daughter by answering **Yes** or **No** .
If any answers is Yes , please provide us with dates & details , Answers should be as accurate as possible. The student's Health is our priority.

Students Data :			
Student's Name :		gender :	Nationality:.....
Date of Birth:		School:	Class :
Guardian's Name :		Relation to Student:	
Religion :		1 st Language :	
Student's / guardian's Contact :			
Emirate :		City :	area :
Home phone NO.:		Mobile phone No.:	2 nd mobile No.:
Required documents :			
	attached		
- Passport Copy :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- ID Card copy :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID.No.:
- Health card copy :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No :
- Insurance card copy :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No. :

No.	Health Concerns	Yes	No	Comments
1.	Does the students have any allergy or sensitivity to medications/food /..... etc. please mention it if any.....			
2.	Does the students suffer from any cardiac problems?			
3.	Is the student Diabetic?			
4.	Does the student have hypertension ?			
5.	Is the student asthmatic ?			
6.	Does the student suffer from any renal problem?			
7.	Did the student suffer previously from urinary tract infections?			
8.	Does the student suffer from epilepsy /seizures ?			
9.	Is the student suffering from G6PD deficiency?			
10.	Does the student have any chronic blood disease? (Thalasemia, Anemia, Hemophiliaetc.)			
11.	Does the student suffer from Recurrent epistaxis (nasal bleeding)?			
12.	Does the student have any skin problems.			
13.	Does the student have any eye (ophthalmology) problems (visual disturbances) ?			
14.	Any previous surgical procedures done ?			



15.	Any previous admissions to hospital ? please mention			
16.	Is the student using any hearing /visual/walking/aids? IF Yes , what is it?			
17.	Did the student ever get mumps, measles, chicken pox?			
18.	Does the student suffer from any psychiatric/ behavioural problems?			

If the student has any health problem ,kindly answer the following questions:-

Type of problem /disease & date of onset :

when was the last attack

Name of hospital or health center where the student is getting treatment / follow up :

Name of treating physician:

Long term medication used by the student :-

Name of Medication: **Dose & frequency :**

Medication recommended in case of emergency :

Dietary Recommendations:.....

Physical activity Recommendations:

Recommendations for the school nurse during the school hours:

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Parent's/Guardian's Name & Signatures..... Date :

Note:
Kindly attach any medical report with this form & send it back to the school nurse with the student .

Thank you