

HEALTH COMMITTEE

STUDENT MEDICAL REPORT (Confidential)

Academic Year -----/-----

Student's name: -----

Grade: -----

Birth Date: D/M/Y -----

Blood Group: -----

1. Does your child have any health issues?

Asthma

Diabetes

Heart

Hearing

Vision

Epilepsy/convulsions

2. Has your child had any health related illness in the past?

3. Has your child undergone surgery?

4. Does your child take any long term medication? Yes No

If yes, please specify the illness -----

and the medication -----

(Kindly attach the medical report and doctor's prescription)

5. Does your child have any allergies to:

Medication

Food

Bites

Others

Please specify: -----

6. Date of his/her last tetanus shot -----

7. Please send a new photocopy of your child's vaccination report.