



MEDICAL FORM

STUDENT INFORMATION

Full Name: _____ Nickname: _____
Last First Middle

Date of Birth: _____ Adopted Age: _____ Sex: _____
Day Month Year

Blood Type: _____

DOCTOR'S INFORMATION

Child's Paediatrician: _____

Work Address: _____

Work Phone: _____ Mobile phone: _____

Child's Dentist: _____

Work Address: _____

Work phone: _____ Mobile phone: _____

MEDICAL HISTORY

Does your child have any difficulties with the following? Please explain further.

Vision : _____

Hearing : _____

Speech & Language: _____

Others : _____

Previous Hospitalizations

Date: _____ Duration: _____

Cause: _____

Date: _____ Duration: _____

Cause: _____

**Please provide details in a separate sheet if the space provided does not suffice.*

Allergies

Food: _____

Medicines: _____

Others: _____

Please check if your child has had the following prior health conditions:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Primary Complex |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Febrile Convulsions | <input type="checkbox"/> Sclerosis |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Heart Disorder | |

Please indicate any other condition of which the school should be aware of:

Medications taken on a regular basis: _____

Please indicate the common medicine your child takes for the following:

Cold: _____
Fever: _____
Cough: _____
Allergy: _____
Headache: _____

AUTHORIZATION

Permission is hereby granted to Everest Academy to conduct emergency measures that are to be initiated in case of accident or illness, with the understanding that at least one parent or guardian will be notified as soon as possible.

We certify that all information in this Medical Form is complete and correct.

We acknowledge that it is our responsibility to inform Everest Academy of any changes in our child's health, physical condition, or medical requirements.

Signature of Father above printed name

Signature of Mother above printed name

Date: _____

Date: _____

**This form must be submitted upon enrolment along with
an updated Immunization History Report.**