ESTABLISHED - 1996

CANADIAN INTERNATIONAL SCHOOL

20 YEARS

EXCELLENCE IN INTERNATIONAL EDUCATION

HEALTH HISTORY

HEALTH HISTORY FORM

Student Name: Grade: _____

Emergency Phone (to reach parents): +

Physician to be called in an emergency (Name):

Physician Contact Number: + E-Mail: _____

Has your child ever had any of the following illnesses? If so, when?

Name	Yes/No	Date	Name	Yes/No	Date
Chickenpox			Epilepsy		
Measles			Tuberculosis		
German Measles			Whooping Cough		
Mumps			Ear Condition		
Diphtheria			Operation (type)		
Rheumatic Fever			Asthma		
Heart Disease			Allergies		
Poliomyelitis			Serious Injury		
Diabetes Mellitus			Other		

Blood Group	

Has your child had any of the following protective measures? If so, when?

Name	Yes/No	Date	Name	Yes/No	Date
BCG			Tetanus		
Polio			Hepatitis A & B		
MMR			Others		

Does your child know how to swim? Yes ☐ No ☐

Is your child on any medication? Yes ☐ No ☐ Details _____

HEALTH HISTORY

- If there is anything concerning the health of your child which the school should know, please write in the space provided. Include such things as eyesight, allergies to plants, food groups, medicines and any learning disabilities.
- Mention any illness or surgery that would prevent your child from swimming and/or playing sports.
- Is your child currently on any medication? If so, provide details.

Please attach a copy of the most recent immunisation records, medical reports, psycho-educational evaluation, individual education plan and any pertinent material that will help us better serve your child.

Date: D D M M Y Y Y Y

Parent/Guardian Name

Parent/Guardian Signature