



MEDICAL QUESTIONNAIRE (LNS703c)

Student's Name.....Class:

- Were there any complications during pregnancy or childbirth?

.....

- Has your child had any of the following illness? (please circle)

Chickenpox Mumps Measles Glandular Fever

German measles Hepatitis Other

- Against what has your child been immunised? Please provide evidence of immunisation if your child has received orthodox immunisations.

DISEASE	IMMUNISED YES/NO	IMMUNISATION TYPE: ORTHODOX	IMMUNISATION TYPE: HOMEOPATHIC	WHEN
Measles				
Mumps				
Rubella				
Diphtheria				
Tetanus				
Pertussis				
Hepatitis B				
HIB				
Polio				
Pneumococcal				
MeningococcalC				
Varicella (Cpox)				

Date of last Tetanus vaccination

- Has your child at any time suffered from an eating disorder? If so please include details.
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.....

- Does your child suffer from any of the following? (please circle)

Diabetes Epilepsy Asthma Eczema
OTHER

Anaphylaxis / Allergies.....

Does your child require a medical alert information card? (please circle) Yes No

Has your doctor provided a medical alert information card? (please circle) Yes No

- Does your child have any other medical condition not listed above?
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- Is your child currently taking any ongoing medication?

- Eg Ventolin, Ritalin YES NO If YES:

- Condition being treated:.....
Medication & Dosage:
Does this need to be administered by staff?

- Is there anything else the School should know about your child's health, including disabilities?
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- Please give name and any possible contact number(s) where a family member or friend can be reached in the case of an emergency, if we cannot contact you.

Name(s) & contact number(s):.....

Relationship to your child:.....

- Details of Family Doctor: Name

.....
Phone

.....
Address

.....
Signature of Parent/Guardian

Date:.....

By signing this form you are indicating that you are the custodial parent of this child.