

# STUDENT MEDICAL FORM



## SAYS INTERNATIONAL SCHOOL

Susan Enclave, No. 1 Selorm Crescent, Dunkonah Behind the West Hills Mall

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ADMISSION FORM (B)

*CHILD'S MEDICAL INFORMATION*

(To be completed by a physician)

Confidential Information		
Name		
Date of Birth		
Does this child have any problems with the following which may significantly affect his/her educational experience?		
Vision	Yes	No
Hearing	Yes	No
Speech or language	Yes	No
Development Delays	Yes	No
Allergies-pollen, grass, weed, penicillin, Sulphur, etc.	Yes	No
Is the child a carrier of a known communicable disease which prevents his/her admission to the medical Centre?	Yes	No
Does this child have a health condition which may require care or emergency action while in School?	Yes	No

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Please specify (e.g., seizures, allergy, and sickle cell Anemia Heart disease, diabetes, Asthma etc.)	Yes	No
If yes to above, please specify		
Does the child require modified diet or a special feeding procedure?	Yes	No
If yes please specify		
Does the child have a Heart Condition which limits his/her exercise tolerance?	Yes	No
<b>DETAILS OF MEDICAL OFFICER</b>		
<b>Name of Medical Officer:</b>		
<b>Signature &amp; Stamp</b>		
<b>Date</b>		

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