



# STUDENT HEALTH FORM

## Boracay European International School

Student's Name: \_\_\_\_\_  
Surname First Name Middle name

Date of Birth: \_\_\_\_\_ Sex  Male  Female

Blood Type: \_\_\_\_\_

Father's Telephone/Mobile number: \_\_\_\_\_

Mother's Telephone/Mobile number: \_\_\_\_\_

1. Has your child undergone medical treatment during the past 6 months?

No

Yes. Reason for the medical treatment: \_\_\_\_\_

2. Vaccinations

**Please provide a photocopy of your child's immunization records**

3. Past History

Does your child suffer from any of the following conditions? Please check any that apply.

	Yes	No		Yes	No
Skin Problem			Asthma		
Diabetes			Heart Disorder		
Meningitis			Urinary Disorder		
Tuberculosis			Epilepsy/ Convulsion/ Seizures		
Fainting Spells			Scoliosis		
ADD/ADHD			Otitis/ Hearing Problems		
Blood Diseases			Primary Complex		
Fracture			<b>Others</b>		

4. Allergy from:

Rhinitis

Insect bites

Pollen

Nuts

Fish and/or seafood

Dairy products

Fruits

Adhesive tapes

Medicine.

Please specify: \_\_\_\_\_

Other substances.

Please specify: \_\_\_\_\_

5. Does your child have Asthma?

No

Yes (the nurse will provide a separate questionnaire about this)

Has your child been taken to a hospital in the past year because of an Asthma attack?

No

Yes

What medication/s for Asthma is your child currently taking? \_\_\_\_\_

How often does your child require the use of an inhaler or other medications to ease shortness of breath?

Everyday

A few times a week

A few days in a month

**PHYSICAL EXAMINATION (mandatory for school admission)**

**To be completed by a Licensed Physician**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
Vision R \_\_\_\_\_ L \_\_\_\_\_ With glasses or contacts : R \_\_\_\_\_ L \_\_\_\_\_ Normal \_\_\_\_\_

Examination

Clinical Exam	Normal	Abnormal: Explain
1. Skin		
2. Head and neck		
3. Eyes		
4. Ears, nose and mouth		
5. Lymph Nodes		
6. Cardiovascular		
7. Respiratory		
8. Abdomen		
9. Genitalia/Hernia (for males only)		
10. Musculoskeletal, including screen for scoliosis		
11. Others		

Comments: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that this student was examined by me, with particular attention to those systems affecting and affected by strenuous physical activity. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any of the above sports.

I have examined this student and find him/her fit to participate in all physical education activities except:  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of physician: \_\_\_\_\_ Date of Exam \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

**AUTHORIZATION**

**DURING EMERGENCY**

I hereby give permission for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified immediately. I give permission to the school to bring my child to the nearest hospital.

Yes       No

**MEDICATION**

With your permission, the nurse can give the following medication without contacting you first.

For all ages (kindly check all that applies)

- Paracetamol (headaches or minor discomfort)
- Lozenges-Strepsils, Dequadin (for mild sore throat)
- Ointments
- Lotions-Caladryl (itchiness)

For middle school:

- Ibuprofen (for menstrual craps and body pains)
- Loperamide (for diarrhea)
- Antacids (for “gas” and acid stomach”)

**FOR CONTINUOUS MEDICATION**

If your child will be taking medication daily at school (such as antibiotics, Ritalin) or may require them for emergency (inhalers, EpiPen, etc.) you must provide the School nurse with the medication and its original container, a prescription /letter from the doctor and this completed form.

This must be completed if your child needs to take no-prescription medicine from home. The PARENT or other adult must bring such medication to the school nurse

\_\_\_\_\_  
Parent Name and Signature

\_\_\_\_\_  
Guardian Name and Signature  
(if applicable)

\_\_\_\_\_  
Date of Application

