

# INSERT 8 HEALTH HISTORY FORM



## CANADIAN INTERNATIONAL SCHOOL HEALTH HISTORY FORM

Name of Student: ..... Grade: .....

Emergency Phone Number (To Reach Parents): .....

Physician to be called in an Emergency (Name): .....

Email Address: .....

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

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

**Blood Group**

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

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

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

Please attach the copy of most recent Medical Report, Psycho-Education Evaluation, Individual Education Plan or other pertinent material that will help us serve you child better.

.....  
**Name of Parent/Guardian**

.....  
**Signature of Parent/Guardian**

**Date:** .....