

WOLMER'S PREPARATORY SCHOOL

MEDICAL HISTORY

STUDENT'S NAME	MALE () FEMALE ()	DATE OF BIRTH DAY MONTH YEAR	EMERGENCY PHONE NUMBER
HOME ADDRESS:	HOME PHONE #	WORK ADDRESS & PHONE NUMBER	DOCTOR'S NAME ADDRESS PHONE #
PARENTS' FULL NAME: MOTHER FATHER			
PAST ILLNESS: Check those which child has had with appropriate date	Illness which child now has:-	Drug Administered	
Illness: _____	DATE		
Chicken Pox () YES () NO		Asthma	
Mumps () YES () NO		Seizures	
Whooping Cough () YES () NO		Heart Disease	
Measles () YES () NO		Kidney Disease	
		Rheumatic Fever	
		Hay Fever	
Special Problems Speech Hearing Vision Disability	Other		
Immunization: Indicate where applicable, if given, and state dates			
	YES DATE NO REASON	BOOSTERS	OTHER
B.C.G.			
D.P.T.			
D.T.			
Polio			
M.M.R.			
Measles			
Hepatitis B			
Allergies (Specify) Food Medication Others	Permission is granted for Panadol, Antihistamines (D.P.H.) Emergency Care - First Aid, Treatment for injuries - First Aid Dissemination of Pertinent Information to School Personnel for the welfare of the student.		

Signature of Parent/Guardian: _____

Date: _____