



MEDICAL HISTORY CARD BOARDING SCHOLARS

SURNAMEMale/Female*

FORENAMES

DATE of ENTRY

DATE of BIRTH

Place of Birth Nationality.....

HOME ADDRESS

..... Post Code.....

EMERGENCY CONTACT (1)

(2)

Email

For UK nationals living in the UK:

NHS Number (UK residents)

Address of previous GP Dr.....

.....

.....Post Code

For UK nationals living abroad:

NHS Number:

Address of current or previous GP in the UK (for forces applicants – address of GP at current place of residence)

.....

.....

..... Post Code.....

For international students:

Have you ever been registered with an English doctor? If the answer is yes, please give the address of the UK doctor

.....
.....Post Code.....

Have you ever been given an NHS (National Health System) Number? If the answer is yes, please give your NHS Number: **example: 467 895 9007**

1. Has your child had any of the following illnesses?

| | | | |
|---------------------|--------|-----------------|--------|
| Chicken Pox: | Yes/No | German Measles: | Yes/No |
| Measles: | Yes/No | Mumps: | Yes/No |
| Whooping Cough: | Yes/No | Otitis Media: | Yes/No |
| Middle Ear Disease: | Yes/No | | |

2. Has your child required treatment for any of the following?

| | | | |
|-------------------------|--------|-----------------------------|--------|
| Asthma: | Yes/No | Eczema: | Yes/No |
| Hay Fever: | Yes/No | Bone or joint disease: | Yes/No |
| Fits or Convulsions: | Yes/No | Diabetes: | Yes/No |
| Discharging ears: | Yes/No | Deafness: | Yes/No |
| Frequent sore throats: | Yes/No | Nasal obstruction: | Yes/No |
| Psychological problems: | Yes/No | Recurrent chest infections: | Yes/No |

If the answer to any of the above is YES, please give details:

3. Please give details of other past illnesses, injuries, operations or hospital investigations:

4. Please give details of any known allergy, including sensitivity to drugs:

5. Please give details of any dietary requirements we should be aware of:

6. Do you consider your child to be fit to take part in all normal school games and activities? Yes/No

If the answer is no, please give details:

7. Is your child at present under any form of medical treatment or takes regular medication. Yes/No

If **YES**, please give details below and accompany this form with a letter from your doctor. For regular medication to be administered, the medical staff will contact you for further information and to sign the appropriate form.

We discourage children from carrying around medication in their belongings for health and safety reasons and request that parents/guardians contact the medical department to discuss any medication issues. In emergency situations or if your child is in pain or discomfort, we can administer pain relief in the form of Paracetamol and/or ibuprofen in various forms.

To consent, please read and sign the **Pupil Medical Consent** form which will be kept in your child's records within the medical centre and admissions office. **We cannot dispense any medication without prior consent.**

- | | |
|--|--------|
| 8. Does your child wear spectacles/contact lens | Yes/No |
| 9. Does your child suffer from colour blindness: | Yes/No |
| 10. Is your child undergoing dental treatment | Yes/No |
| 11. Does your child suffer travel sickness | Yes/No |

If **YES**, do you give us permission to administer travel sickness medication when undergoing long journeys? Yes/No

Comments:

We will contact you if your child is due an immunisation with information and consent form. If your child requires a travel vaccine, please request this as early as possible as some destinations can require more than one vaccine and often there needs to be a length of time between vaccines.

CHILDHOOD IMMUNISATIONS- Please insert immunisation dates into the appropriate boxes.

| | 1 st | 2 nd | 3 rd | Booster | Booster |
|--------------------|-----------------|-----------------|-----------------|---------|---------|
| Hib | | | | | |
| Pertusis | | | | | |
| Diphtheria | | | | | |
| Tetanus | | | | | |
| Polio | | | | | |
| MMR | 1 st | 2 nd | | | |
| Meningitis C | | | | | |
| Pneumococcal (PCV) | | | | | |
| HPV (cervical) | 1 st | 2 nd | 3 rd | | |
| BCG (TB) | (if applicable) | | | | |
| Rubella | (if applicable) | | | | |
| Measles | (if applicable) | | | | |

Date of latest Tetanus Booster

| |
|------------|
| Office use |
|------------|

ADULT IMMUNISATIONS - Please insert immunisation dates into the appropriate boxes.

| | | | | | |
|-------------|-----------------|-----------------|-----------------|--|--|
| Tetanus | | | | | |
| Rubella | | | | | |
| Influenza | | | | | |
| Hepatitis B | 1 st | 2 nd | 3 rd | | |
| BCG (TB) | | | | | |
| Others | | | | | |

TRAVEL IMMUNISATIONS - Please insert immunisation dates into the appropriate boxes.

| | | | | | |
|-------------------------|--|--|--|--|--|
| Typhoid | | | | | |
| Cholera | | | | | |
| Yellow Fever | | | | | |
| Hepatitis B | | | | | |
| Hepatitis A | | | | | |
| Japanese Encephalitis | | | | | |
| Tick borne encephalitis | | | | | |
| Malaria cover | | | | | |

Signature of Parent or Guardian:

Date: