

# Lannaman's Preparatory School

## MEDICAL FORM

(To be completed by a Physician)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

AGE: \_\_\_\_ YRS. \_\_\_\_ MTHS. SEX: (M) – (F)

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INCASE OF EMERGENCY CONTACT:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Name & Addr.: \_\_\_\_\_  
\_\_\_\_\_

Work Phone No.: \_\_\_\_\_

### PHYSICIAN / PAEDIATRICIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone No.: \_\_\_\_\_

**MEDICAL HISTORY**

**A.) ILLNESSES**

Tick illnesses child has had and give approximate dates.

ILLNESS	YES	NO	YEAR & COMMENT
Chicken Pox			
German Measles (Rubella)			
Mumps			
Whooping Cough			
Measles			
Diphtheria			
Rheumatic Fever			
Tuberculosis			
Febrile convulsions			
Meningitis			

**B.) CONDITIONS**

CONDITION	YES	NO	YEAR & COMMENT
Asthma			
Blood Dyscrasia			
Diabetes			
Heart Disease			
Cardiac Abnormality			
Renal Disorder			
Epilepsy			
Sickle Cell Disease			

Physical Disability			
Emotional problems			
Visual defects			
Hearing problems			
Speech problems			
Learning disability			
Down's Syndrome			

Please clarify any areas ticked "yes" above. Include whether or not child is on long-term medication, name and dose of medication and any possible side-effects.

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**C.) IMMUNISATION HISTORY**

Is child fully immunised? ..... Yes, ..... No

A photocopy of the immunisation card is to be attached.

Please note that a child cannot be admitted to school without evidence of "FULL IMMUNISATION".