

# Health Information

## Medical Contact Details

Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

## Current Medical Information

Immunisation – Has the student received all available vaccinations/immunisations?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Medication – I consent to Panadol be administered if deemed necessary?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Mobile dental clinic – I consent to the student accessing the mobile dental clinic.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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## Current Medical Conditions

Condition	Tick Yes or No				Details
Arthritis	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Asthma	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Diabetes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Epilepsy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Hearing Loss	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Impaired Vision	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Rheumatic Fever	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Other (please specify)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

## Allergies

Condition	Tick Yes or No				Details
Food	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Medication	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Stings	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Other	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

Does the student suffer from any other medical condition or disability that we as a school should be aware of?

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