



CONFIDENTIAL MEDICAL FORM

For more information on this document, please email office@saints.mw or call +265 891 000 547.

Section 1: Particulars of Student

Surname:		Forename(s):				
Date of Birth:		Sex:	Male		Female	
Date of Admission:		Family Doctor Name:				
Medical Aid Name:		Medical Aid Number:				

Section 2: Emergency Contact Details

Contact:	Name:	Home Telephone	Work Telephone	Mobile Number
Mother				
Father				
Guardian				

Section 3: Medical History

CHILDHOOD ILLNESSES								
	SUFFERED				INOCULATED			
Chicken Pox	Yes		No		Yes		No	
Measles	Yes		No		Yes		No	
Mumps	Yes		No		Yes		No	
Whooping Cough	Yes		No		Yes		No	
INOCULATIONS: HAS YOUR CHILD BEEN INOCULATED AGAINST THE FOLLOWING:								
Tetanus	Yes		No		Year of inoculation			
Tuberculosis	Yes		No		Year of inoculation			



CHRONIC ILLNESSES: DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING:

Abnormal Blood Pressure:	Yes		No		Diabetes	Yes		No	
Asthma:	Yes		No		Epilepsy	Yes		No	
Dyslexia or Specific Learning Disability:	Yes		No		Heart Condition:	Yes		No	
Eye Problems	Yes		No		Date of last eye test:				
Fainting:	Yes		No		Migraine:	Yes		No	
Tonsillitis:	Yes		No		Nose Bleeds:	Yes		No	
Skin Complaints	Yes		No		If Yes, please specify:				
Allergies	Yes		No		If Yes, please specify:				
SEN - Dyslexia / Slpd Hearing Impaired Visually Impaired Other	Yes		No						
Other	Yes		No		If Yes, please specify details and treatment your child uses below:				
Does your child take chronic medication (i.e. for long term conditions? (asthma inhalers, insulin pens, allergic pens)						Yes		No	
If Yes, please specify:									
<i>If your child is on treatment for a particular illness and will be required to take a mid-day dose please notify the School Nurse.</i>									
Does your child take any form of malaria prophylaxis?					Yes		No		
If Yes, which one?									

Section 4: Family History

Are you a one parent family?	Yes		No	
Are you, or is your spouse, a step-parent?	Yes		No	

Are you adoptive parents?	Yes		No	
Have there been any recent bereavements that may be distressing your child?	Yes		No	

Answers to the above questions enable us to be sensitive and tactful when dealing with pupils in stressful situations. Please supply as much information as you can. Much of the information requested here will help the school clinic and other medical practitioners to administer the right treatment more quickly in the case of medical emergencies. In cases beyond the scope of the clinic, the school normally takes students to Mwaiwathu Hospital. Parents are required to reimburse the school for medical expenses thus incurred. **Please sign below if you agree to this arrangement.**

I _____ agree to reimburse St Andrew's International High School fully for any medical expenses incurred by my child at Mwaiwathu Hospital Blantyre/specify hospital of choice:

If you do not agree, please specify in writing an alternative arrangement for your child in the event of medical emergency.

Signed: _____ Date: _____