



Relevant Medical History

(Please complete this form in CAPITAL LETTERS)

Name: _____ Class: _____

Date of Birth: _____ Emergency Telephone Number: _____

Other Brothers/ Sisters at Bangkok Prep School

Name	Age	Class

1	Known pre-existing medical condition e.g. asthma, diabetes, allergies, nose bleeds, etc.	
2	If any regular medication taken - please state:	
3	Visual problems: Does he/she require glasses?: If Yes - please indicate: a) Constantly? b) For close work? c) For distant work?	Yes/No Yes/No Yes/No Yes/No
4	Hearing Problems: If Yes - is the problem a) Permanent? (e.g. congenital) b) Temporary? (e.g. injury weakness/grommets) Please state percentage of hearing loss: Requirements for hearing aids if any:	Yes/No Yes/No Yes/No
5	Co - Ordination problems: If yes - is the problem: a) A congenial weakness? Or b) An injury weakness?	Yes/No Yes/No Yes/No

6	Skin disorder: If Yes - please state:	Yes/No
7	Speech problems: If Yes - please state	Yes/No
8	Vaccination and immunization: If Yes - Please indicate:	
	1 st Year triple vaccine	Diphtheria } Whooping Cough } D.P.T } Tetanus } Yes/No Yes/No Yes/No
	12 to 18 months vaccine	Measles } Mumps } M.M.R } Rubella } Yes/No Yes/No Yes/No
	3 to 5 years pre-school	Diphtheria } Tetanus } Yes/No Yes/No
	Polio	Yes/No
	Tuberculosis	Yes/No
	H.I.B. vaccine	Yes/No
	Meningitis A&C	Yes/No
	Hepatitis 'B'	Yes/No
	Hepatitis 'A'	Yes/No
9	Any other relevant information i.e. medical operations etc.	
10	Permission for a paracetamol based analgesic/antipyretic to be given if necessary	Yes/ No

This form is confidential. If your child has a medical condition which you would prefer to discuss only with the School Nurse, she is available in an advisory during school hours. Please tick the box if you would like to make an appointment with the School Nurse.

By signing below, I confirm that there are no other medical problems that affect my son/daughter, which are known to me at this time.

Parent's Name: _____ Signature: _____

Date: _____