

**STRICTLY CONFIDENTIAL**



**International  
School  
Moshi**

Please use this box to indicate any major allergy or restriction

**Day Students' Health Form**

We would be grateful if you could complete this form in order to give us the basic medical information that we need about our day students.

First Name	Family Name	Birth Date (dd/mm/yy)	Sex (M/F)
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Emergency Contact - Name:

Address:

Telephone (Office):

(Home):

Fax:

E-mail:

Does your child suffer from any of the following ailments: (please answer YES or NO) ?

Asthma:	Diabetes:	Epilepsy:	Heart Problems:
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Please indicate the date (if any) on which your child had any of the following diseases:

Chicken Pox:	Hepatitis (state type):	Measles:	Mumps:
Polio:	Rubella:	Tuberculosis:	Whooping Cough:

**SIGHT:** How would you describe your child's sight?  Good  Poor  Very Weak

Does your child wear glasses or contact lenses?  Yes  No

**HEARING:** How would you describe your child's hearing?  Good  Poor  Very Weak

Please give details of any operations (including dates), chronic or recurrent illnesses, or any other factors that might affect your child's physical, mental or emotional well-being. [Continue on a separate sheet if necessary]	
Give details of any hypersensitivities or allergies to drugs or food, etc. which you have knowledge of:	
Give details of any medical reasons why your child may not be able to take part in organised school activities (such as swimming, sports, outdoor pursuits, horse riding, etc) or which might affect their performance in school:	

Parent's signature:

Date:

Please attach to this form, or write on the reverse, any medical details which you feel it would be helpful for the School to be aware of. Should your child develop any medical condition in future which may affect their school life, we would request that you write to give us full details. The school nurse or school doctor will give your child any medical treatment or medication that they feel necessary in the case of illness or accident and you will subsequently be informed of such treatment. Please indicate overleaf any points that you wish us to note.