**STUDENT'S HEALTH RECORD**

We, the parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare the following health status of our child.

**Student's details:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (Family Name) (Middle Name)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Gender: male female

Blood Type: \_\_\_\_\_\_\_\_\_

*Note: The school is gathering this information to merely be aware of your child's condition at the time of admittance. Kindly answer the following question by inscribing a check mark ( √ )*  on the blank and write your remarks as it applies to your child.

Did your child have any of the following diseases?

|  |  |  |
| --- | --- | --- |
| **OTHER CONDITIONS**  **حالات اخرى** | **OTHER DISEASES**  **امراض اخرى** | **COMMUNICABLE DISEASES**  **امراض معدية** |
| Recurrent Cough \_\_\_\_\_\_\_\_\_\_\_  سعال متكررة | Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ربو | Measles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  الحصبة |
| Frequent Colds \_\_\_\_\_\_\_\_\_\_\_\_  نوبات برد متكررة | Pneumonia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  التهاب رئوي | Whooping Cough \_\_\_\_\_\_\_\_\_\_\_\_  سعال ديكي |
| Frequent Sore Throat \_\_\_\_\_\_\_  التهاب حلق متكررة | Heart Diseases \_\_\_\_\_\_\_\_\_\_\_\_\_  حالة قلب | Poliomyelitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  شلل الاطفال |
| Fainting Spells \_\_\_\_\_\_\_\_\_\_\_\_\_  نوبة غيبوبة | Rheumatic Fever \_\_\_\_\_\_\_\_\_\_\_  حمى روماتيزمية | Infectious Hepatitis \_\_\_\_\_\_\_\_\_\_\_  التهاب كبدي ويالس |
| Convulsions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  تشنجات | Kidney Disease \_\_\_\_\_\_\_\_\_\_\_\_  حالة كلى | German Measles \_\_\_\_\_\_\_\_\_\_\_\_\_  الحصبة الالمانية |
| Psychiatric Disorders \_\_\_\_\_\_\_\_  حالات نفسية | Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  سكر | Chickenpox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  الجديري الالمانية |
| Fatigability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  سرعة التعب | Tonsillitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  التهاب اللوزتين | Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  نكاف |
| Ch. Headache \_\_\_\_\_\_\_\_\_\_\_\_\_\_  صداع مزمن | Otitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  التهاب الاذن | Scarlet Fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  حمى قرمزية |
| Vision Difficulty \_\_\_\_\_\_\_\_\_\_\_\_  اضطرابات النظر | Rickets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  كساح | Diphtheria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  الدفتريا |
| Hearing Difficulty \_\_\_\_\_\_\_\_\_\_\_  صعوبة السمع | Epilepsy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  صرع | C.S. Meningitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_  حمى مخية شوكية |
| Any Physical Illness \_\_\_\_\_\_\_\_\_\_  اي مرض جسدي | Eczema \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  مرض جلدي | Intestinal Parasites \_\_\_\_\_\_\_\_\_\_\_  طفيليات معوية |
| Hernia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  فتق | Anemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  فقر الدم | Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  داء الكلب |
| Frequent Urination \_\_\_\_\_\_\_\_\_\_  تبول متكرر | Sinusitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  التهاب الجيوب الانفية |  |
| Allergy (specify) \_\_\_\_\_\_\_\_\_\_\_\_  حساسية | Hay Fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  حمى القش |  |

**Undergone Major Surgery ( Please Specify ):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other health information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent's Authentication:**

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_