



MEDICAL QUESTIONNAIRE

PUPIL DETAILS

Surname

First Names Sex M/F.....

Date of Birth Nationality

Name & Address of Parent.....

.....

Name & Address of Present Doctor

.....

Past Medical Problems – include Measles, Mumps, Rubella, Glandular Fever, Chicken Pox.

Problem	Approx Year

Medication being taken at present	Medication being taken at present

Allergies – including antibiotics and food (e.g. nuts, eggs)

Family History – any illnesses or conditions that may run in families including Epilepsy, Diabetes, adverse reactions to anaesthetics

Does he / she have medical / dental insurance? If so please give details

Are there any religious considerations in respect of medical treatment?

I GIVE PERMISSION:

- In the event of injury, for my son / daughter to be given First Aid treatment
- For my son/ daughter to be given appropriate over the counter medication in accordance with the School Doctor’s instructions on usage.

Signature of Parent.....

Date

VACCINATIONS

Please ensure that your son / daughter is up to date with vaccinations in accordance with your current Department of Health Policy.

BCG – please indicate if already received and give date: **YES / NO** **Date:**

The following is a guide to the vaccinations received by pupils in UK. Please tick and give dates, if possible, if your son / daughter has received these.

Age	Vaccine	Date	Date	Date
		1st	2nd	3rd
At 1,2 and 3 months	Polio			
	Hib Diphtheria Tetanus Whooping cough			
	Meningitis C			
At 12 to 15 months	Measles, mumps and rubella			
3 to 5 years (pre-school booster)	Measles, mumps and rubella			
	Polio			
	Diphtheria Tetanus			
10 to 14 years or soon after birth	BCG			
13 to 18 years School leavers	Polio			
	Diphtheria Tetanus			
Travel and other vaccines	Typhoid			
	Hepatitis A x 2			
	Hepatitis B x 3 and booster			
	Mengivac			
	Yellow Fever			
	Other			