

2011 MEDICAL FORM

YEAR LEVEL IN 2011: _____

A. STUDENT DETAILS

Surname: _____ Given Names: _____

Date of Birth: ____/____/____ Gender: (Please circle) Male Female

Address: _____
 _____ Postcode: _____

Home Phone: _____

Mother's Name: _____

Mother's Work Number: _____ Mother's Mobile: _____

Father's Name: _____

Father's Work Number: _____ Father's Mobile: _____

B. MEDICAL DETAILS

MEDICAL CONDITION		DETAILS
Allergies	Yes / No	Allergic to: Food / Bees / Wasps / Plants / Drugs / Other (give details): _____ Severity: Low / Medium / High / Extreme EPIPEN required: YES/NO
Asthma	Yes / No	Please complete separate Asthma Management Plan
Diabetes	Yes / No	
Haemophilia	Yes / No	
Epilepsy	Yes / No	
Heart problems	Yes / No	
Blood pressure	Yes / No	
Migraines	Yes / No	
Behavioural problems	Yes / No	
Dyslexia	Yes / No	
Hearing loss	Yes / No	Details:
Visual impairment	Yes / No	Details:
Back/bone/joint problems	Yes / No	
Recent operations or illness	Yes / No	
Special dietary requirements	Yes / No	
Other	Yes / No	

Any additional information, which may affect your child's learning experience:

Name of Doctor: _____ Telephone: _____

Doctor's Address: _____

Medicare Number: _____ Expiry Date: _____ Position on card: _____

Date of Last Tetanus ____/____/____

Private Medical Insurer _____ Membership Number: _____

Permission to call an ambulance if required? Yes No

Does the student identify with any of the following? Bed Wetting Sleep walking Travel sickness

Swimming ability? Strong – 50 metres unaided Average – 25 metres unaided Poor - 10 metres unaided Non swimmer

Any other relevant information we need to be aware of: _____

Parent/Guardian Signature: _____ Date: _____