

# Korowal School



## Medical Form

1. Student's Surname: .....

First Name (s): .....

2. Date of Birth: ..... Gender (Male/Female): .....

Nationality: ..... School Year: .....

3. Has he/she had any of the following: (please circle)

Chicken Pox      Measles      German Measles      Scarlet Fever

Whooping Cough      Convulsions      Rheumatic Fever      Mumps

4. What other illnesses (if any) has he/she had? .....

5. Has he/she been immunised? If YES, please supply an Immunisation Certificate.

6. Does he/she suffer from any of the following? (please circle)

a. Epilepsy      Diabetes      Bronchitis      Asthma      Back Trouble

Other (please specify).....

Does he/she have any allergies? (please circle)

b. Penicillin      Bee stings      Food

Other (please specify).....

If YES, please supply detailed information (medication, severity of reaction)

- 7. Does he/she have any problem hearing? .....
- 8. Does he/she have any problem seeing? .....
- 9. Does he/she have any problem writing? .....
- 10. Does he/she have any problem speaking? .....

11. Has he/she had any serious accident e.g. Fracture or dislocation?

If YES, please specify .....

12. If you require to supply further information, please attach an extra sheet.

a. Has he/she had any surgical operations? YES/NO .....

If YES, please specify if it causes any ongoing complications.

b. Has he/she been hospitalised for reasons other than surgery? YES/NO .....

If YES, please specify .....

13. Does he/she have any regular medications? If YES, please supply relevant details.

a. Type of Medication .....

b. Dosage .....

c. Reason(s) for medication .....

d. Side effects (if any) .....

e. What involvement must the School have in the administration of this medication?

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14. Does anyone in the immediate family suffer from a serious, long term illness?

YES/NO ..... If YES, please give details .....

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15. Does he/she have any medical, psychiatric, psychological supervision or counselling?

YES/NO ..... If YES, please give details .....

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**16.** Are there any family situations (e.g. Divorce, Deaths) that we should be aware of in order to help your child/ward better? YES/NO .....

Please supply details on separate sheet.

Please attach any further information which you think is relevant medical information about which the School should know about him/her.

**PARENTS/GUARDIANS ARE REQUESTED TO ADVISE THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES**

.....  
Signature of Mother/guardian

.....  
Date

.....  
Signature of Father/guardian

.....  
Date

Does the Student have any brothers or sisters presently attending Korowal School or a brother or sister who is an ex-student of Korowal School?

Name	Grade/Year
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Student's home address: .....

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Address to which all correspondence should be sent: .....

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Name and address to which accounts should be sent: .....

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Does the Student have any relatives living in Australia? Yes/No .....

If YES, please give details of names and addresses (attach another sheet if necessary)

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DETAILS OF PARENTS AND/OR GUARDIANS

SURNAME

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

FIRST NAME(S)

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

RESIDENTIAL ADDRESS

In Chinese: \_\_\_\_\_

In English: \_\_\_\_\_

BUSINESS ADDRESS

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

OCCUPATION

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_

Mother (Work) : \_\_\_\_\_ Father (Work) \_\_\_\_\_

EMAIL

Mother: \_\_\_\_\_ Father: \_\_\_\_\_