

Date of Medical:

Age:

OE

General

Ht		Wt	
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ENT

R	L
Ears	
Hearing	

Visual Acuity

R	L
Corrected	
Uncorrected	

Colour Vision

CVS

Chest

Abdo

CNS

MSS

GUS

BCG Scar

BP	
Urine	
PFR	



**OUNDLE SCHOOL
MEDICAL RECORD**

First Names:

Surname:.....

House:

Date of Birth: **Place of Birth:**

Home Address:

.....

.....

.....

Tel No: (parents).....

Email: (parents).....

Parents please complete this page

Past Medical Problems / current illnesses e.g. asthma

Operations:

Do they take any drugs / medicines?

Allergies – Drugs e.g. Penicillin

Foods e.g. Peanuts

Family History of Illness:

Vaccination Record	Initial Course <i>please put dates</i>	Boosters <i>please put dates</i>
Whooping Cough (Pertussis)		
Diphtheria		
Tetanus		
Polio		
Hib		
MMR		
BCG		
Meningitis C		
Hepatitis A		
Hepatitis B		
Typhoid		
Yellow Fever		

If referred would you like your child to have NHS or Private treatment?

If required my child is to have:

Please *delete* (a) or (b) as appropriate, making it clear which your preferred choice is.

1. Hospital Treatment (a) as a private patient
(b) as an NHS patient
2. Outpatient Consultations (a) as a private patient
(b) as an NHS patient
3. Physiotherapy (a) as a private patient
(b) as an NHS patient

Do you have Private Insurance Cover YES/NO

If yes, please give details to Matron

Signature of parent / guardian.....

Date.....

If there any points that deserve special attention please communicate with the School Doctor e.g. recent death/divorce/bed wetting etc.

Please feel free to write a covering letter.