

DELHI PRIVATE SCHOOL, SHARJAH

Dear Parent,

Please provide the following information to update your child's school health record, as instructed by the Ministry of Health.

Name:			Admission NO.:		
CLASS:		SECTION:	GENDER:		Blood Group:
Date of Birth		Place of Birth		Nationality	

Father's Name		Job		Educational Level		Work Tel. NO.	
Mother's Name		Job		Educational Level		Work Tel. NO.	

Write with pencil

Address	Street	Area	Post Box	City	Res. Tel. No.

In case of emergency contact

Telephone	
Mobile	

Positive Cases (Chronic health problem) which the student is suffering from

- 1)
- 2)
- 3)

Medicine which the student uses

Medicine advised at emergency

Special precautions for sports and food

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Allergy From

1. Medicine
2. Food
3. Others

IS THE CHILD SUFFERING FROM (PUT YES OR NO)

complain	YES	NO
Speech Defect		
Hearing Defect		
Reduced sense of smell		
Recurrent Nasal bleeding		
Recurrent ear infection		
Recurrent Tonsillitis		
Recurrent Eye infection		
Gum teeth Disease		
Snoring during sleep		
Congenital Heart Disease		
Difficulty in breathing		
Bronchial Asthma or Chest allergy		
Prolonged fever more than 15 days		
Deformities of Vertebral Column		

complain	YES	NO
Nocturnal Enuresis (Bed wetting)		
Kidney disease		
Convulsions (type)		
Loss of consciousness		
Allergy (type)		
Diabetes Mellitus		
Recurrent Diarrhea		
Involuntary Defecation		
Hereditary blood disease (type)		
Accidents (specify the type and when)		
Surgical operation (specify the type and when)		
Others		

Questionnaire for student (to be filled by one of the Parent)

Questions		KG 1 - GRADE 5		GR 6 - GR 10		GR 11 AND GR- 12	
		Yes	No	Yes	No	Yes	No
Q 1	Does your child have sleeping problem ?						
Q 2	Does the child have convulsions, loss of consciousness or fall on the ground without reason						
Q 3	Does the child have recurrent a) headache b) abdominal pain c) any other aches specify						
Q 4	Does the child escape from home or school without informing his parents ? Or fight with others ?						
Q 5	Does the child steal from home or school ? Or lie recurrently ?						
Q 6	a) Does the child pass urine during sleep ? b) Does he pass while awake ? c) Does he suffer from involuntary defecation ?						
Q 7	Does the child have involuntary muscular movements as blinking face or shoulder or startled ?						
Q 8	Does the child show abnormal concern about cleanliness and organized up to obsession ?						
Q 9	Does he repeat special actions continuously and involuntarily up to obsession and he can not resist it such as - cleaning his hands or doing things many times ?						
Q 10	Is the child not keeping quiet , hyperactive, can not stay in one place ?						
Q 11	Does your child worry when he is away from parents or fear from going school ?						
Q 12	a) Is the child scared or gets nervous form un reasonable causes ? b) Does he worry from unimportant things ?						
Q 13	Is the child abnormally shy, avoids situations or looks unsatisfied when he is with strangers ?						
Q 14	Is the speech of child abnormal? (late for age not understood well, stammering)						
Q 15	Does the child show retardation or slow learning in comparison with children of same age?						
Q 16	Does the child like to be alone and doesn't like to play with his friends?						

STUDENT'S MEDICAL AND SOCIAL HISTORY

1	Was there any problem during pregnancy, delivery and before school entry?	yes	no
2	Is there any hereditary disorder (organic or psychological) in the family?	yes	no
3	Is there any of these phenomenon in the family? A) Divorce B) Many wives C) family disputes D)Financial problems E) consanguinity F)others specify	yes	no

VACCINATION BEFORE SCHOOL ADMISSION

TYPE OF VACCINATION	1 st DOSE	2 nd DOSE	3 rd DOSE	BOOSTER DATE	PLACE OF VACCINATION
BCG					
MMR					
POLIOMYELITIS					
DPT					
MEASLES					
HEPATITIS B					
HIB					
OTHERS					

INFECTIOUS DISEASES BEFORE SCHOOL ENTRY

INFECTIOUS DISEASES	INFECTION			INFECTIOUS DISEASES	INFECTION		
	YES	NO	DONT KNOW		YES	NO	DONT KNOW
MEASLES				DIPHThERIA			
GERMAN MEASLES				TUBERCULOSIS			
CHICKEN POX				HEPATITIS A			
MUMPS				HEPATITIS B			
POLIOMYELITIS				INTESTINAL PARASITES			
WHOOPING COUGH				SCABIES			
OTHERS				MENINGITIS			

NAME OF THE PARENT _____

SIGNATURE OF PARENT _____