

HEALTH FORM SIDE ONE

Marymount School, PARIS

TO BE COMPLETED AND SIGNED BY A DOCTOR AFTER CHILD'S PHYSICAL EXAMINATION

ALL HEALTH FORMS ARE REQUIRED TO BE COMPLETED
& SIGNED (BOTH SIDES), BEFORE STARTING SCHOOL

Academic Year _____

MEDICAL HISTORY

Pupil's Name: _____ Date of Birth: _____ Sex ☐
Age: _____ Weight (kg): _____ Height (cm): _____
Date of Last physical examination: _____ Date of last vision test: _____
Date of last dental examination: _____ Date of last hearing test: _____

MANDATORY VACCINATIONS REQUIRED BY FRENCH LAW

	Date	Booster Date	Booster Date
D.P.T. (Diphtheria, Pertussis Tetanus)			
Poliomyelitis			
Measles			
German measles (Rubella)			
Mumps			

Date of last tetanus vaccination: _____
(Mandatory) *date (day/month/year)*

Date of BCG: _____
(Non-mandatory) *date (day/month/year)*

Tuberculin test: _____
(Non-mandatory) *type date (day/month/year) results*

Chest X-ray _____
(Non mandatory) *date (day/month/year) findings*

Scoliosis – findings/recommendations: _____

Operations: _____

I hereby certify that the above student is able to participate in all sports and physical education activities ☐ without reservation ☐ with reservation

Please specify: _____

Doctor's Name: _____ Address: _____

Telephone: _____ Email: _____

Date _____ Doctor's Signature/Stamp _____

Please continue overleaf

HEALTH FORM SIDE TWO

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Marymount School, PARIS

Is your child taking any medication, and if so, for what? _____

Do you give the Nurse permission to administer Paracetamol at her discretion? ☐ Yes ☐ No

Has your child ever spent time in a hospital? ☐ Yes ☐ No

If so when and why? _____

Does your child have impaired vision? ☐ Yes ☐ No

Does your child wear glasses or contact lenses? ☐ Yes ☐ No

Does your child have impaired hearing? ☐ Yes ☐ No

Does your child have any physical handicap? ☐ Yes ☐ No

If yes, please specify: _____

Does your child have any special dietary requirements/eating disorders? ☐ Yes ☐ No

If yes, please specify: _____

Has your child had any of the following childhood diseases?

☐ Chicken pox ☐ Measles ☐ German Measles ☐ Mumps ☐ Scarlet Fever

☐ Asthma/Allergies ☐ Other: _____

Has a psychologist ever been consulted concerning your child's behavior or school performance?

Yes ☐ No ☐

Please write in any other information regarding your child's health that you feel we should know:

EMERGENCY PROCEDURE IN CASE OF ACCIDENT OR SUDDEN ILLNESS

Please provide telephone numbers the Nurse should use to contact you in case of an accident or sudden illness of your child. **Please check the box next to the number she should call *first*.**

☐ Home: _____
Number

☐ Father cell: _____ ☐ Mother cell: _____

☐ Father work: _____ ☐ Mother work: _____

Please specify below (childminder, nanny, etc.)

☐ Other 1: _____
Number

☐ Other 2: _____

I give my permission to Marymount School, Paris, to make any medical decision, including surgical intervention in matters of emergency.

Parent/Guardian Signature _____

Date _____