



## Carey Baptist Grammar School Exchange Medical Form

### Exchange Student Details

Surname:	
Preferred:	
Given Name:	
Other Given:	
Date of Birth:	

### Emergency Contact #1 – Exchange Parent's Details

Name:		Relationship:	
Phone:		Mobile/Alt Phone:	
Address:			

### Emergency Contact #2 – Host Family Details

Parent Name:		Student Name:	
Phone:		Mobile/Alt Phone:	
Address:			

### Swimming

Is the Student a competent swimmer?:	
Can the Student swim 50 Metres?:	

### Asthma

Does the Student suffer from Asthma?:	
<b>If yes, please complete the attached "Asthma Action Plan"</b>	

### Allergies

Please provide details of ALL allergies this student may have:

Please provide appropriate medications for aforementioned allergies:



**Please provide General Medical Details under the following categories (where applicable)**

- Categories: • Head Injuries • Glandular Fever • Diabetes • Epistaxis • Eczema • Period Pain  
• Travel Sickness • Emotional Problems • Religious Requirements • Epilepsy • Migraines/Headaches  
• Fractures • Joint Problems • Arthritis • Disabilities • Family Background • Special Dietary Requirements  
• **Recent** Surgical History • **Recent** Medical History • Miscellaneous

Category (as above)	
Details:	

Category (as above)	
Details:	

Category (as above)	
Details:	

Category (as above)	
Details:	

Category (as above)	
Details:	



**Hearing / Eyes / Speech**

<b>Hearing Problems:</b>			
Hearing Aide:			
Details:			

<b>Eyesight Problems:</b>			
Glasses:		Contact Lenses:	
Details:			

<b>Speech Problems:</b>			
Details:			

**Immunisation Status as appropriate**

Vaccinated Against		Date (if known)	Vaccinated Against		Date (if known)
DTP			Diphtheria		
			Tetanus		
ADT			Whooping Cough		
MMR			Measles		
			Mumps		
			Rubella		
Hepatitis A			Meningococcal C		
Hepatitis B			Chicken Pox		
HIB			Tuberculosis		
Influenza			Cholera		
Poliomyelitis			Typhoid		

I give consent for the student to attend an overnight camp, if appropriate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Father/Guardian's Signature:			
Mother/Guardian's Signature:			
Date:			