HEALTH FORM FOR MINORS

SURNAME:…… **First name:**……..

Date of birth: …… ☐ Boy ☐ Girl

Dates of stay: from ….. / ….. / …….. to ….. / ….. / ……

VACCINATIONS (refer to student's health records or vaccination certificates):

Compulsory vaccines	Yes	No	Dates of last reminders	Recommended vaccines	Dates
Diphtheria				Hepatitis B	
Tetanus				Rubella-Mumps-Measles	
Poliomyelitis				Whooping cough	
or DT polio				Other (details)	
or Tetracoq					

If the student does not have the compulsory vaccinations, attach a medical contraindication (exemption) certificate.
NB: the tetanus vaccine presents no contraindications

CURRENT TREATMENT:

Will the student be taking medication during his /her stay? ☐ Yes ☐ No

If the student will be taking medication, please attach the prescription and the medicine in its original box / packaging with the student's name and the instructions). **No medication can be given without a prescription.**

MEDICAL ISSUES:

HAS THE STUDENT ALREADY HAD:

RUBELLA	☐ Yes	☐ No
CHICKEN POX	☐ Yes	☐ No
ANGINA	☐ Yes	☐ No
ACUTE RHEUMATOID ARTHRITIS	☐ Yes	☐ No
SCARLET FEVER	☐ Yes	☐ No
WHOOPING COUGH	☐ Yes	☐ No
EARACHE	☐ Yes	☐ No
MEASLES	☐ Yes	☐ No
MUMPS	☐ Yes	☐ No

ALLERGIES:

ASTHMA	☐ Yes	☐ No
MEDICINAL ALLERGIES	☐ Yes	☐ No
FOOD ALLERGIES	☐ Yes	☐ No
OTHERS	☐ Yes	☐ No

Specify the cause of the allergy and what to do (Specify if self-medication if required)

…….....……..…….....

……..……..…….....

STATE BELOW: HEALTH ISSUES (ILLNESS, ACCIDENT, CONVULSIONS, HOSPITALISATION, SURGERY, RE-EDUCATION) WITH DATES AND PRECAUTIONS TO BE TAKEN.

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USEFUL PARENTAL RECOMMENDATIONS

Does the student wear contact lenses or glasses, have a hearing aid, dentures, etc.? Details:

……..……..…

……..……..…

PERSON IN CHARGE OF STUDENT

Contact details of parent or legal guardian to be contacted in the event of an emergency:

SURNAME, First name

……..……..……

……..……..……

Home tel: ……..…… Work tel: ……..……..…… Mobile tel: ……..……..……

Email: ……..

Name and telephone number of regular doctor (optional):

……..……..……

I, the undersigned, (surname, first name), ……., the student's parent or legal guardian declare exact all the information on the health form and authorize the person in charge of the stay to take any action required in the event of illness of the student: (medical treatment, hospitalisation, surgery).

Date **……**

Signature of parent or legal guardian