Medical Form

Passport sized photograph of Child

Child's Pediatrician Details

Child's Name:		Family Name:	
Child's D.O.B:		Sex: Male / Female	
Name of Doctor / Clinic:		Family Clinic number:	

Child's Health History

Please indicate if your child has had any of the following conditions / illnesses;

Type of Illness	Y	N	Type of Illness	Y	N
Measles	☐	☐	Diabetes Type 1 or 2	☐	☐
German Measles	☐	☐	Epilepsy	☐	☐
Chicken Pox	☐	☐	Heart Trouble	☐	☐
Mumps	☐	☐	Rheumatic Fever	☐	☐
Whooping Cough	☐	☐	Asthma	☐	☐
Scarlet Fever	☐	☐	Convulsions	☐	☐
Hand, Foot & Mouth Disease	☐	☐	Kidney Disease	☐	☐
Infectious Hepatitis	☐	☐	Tuberculosis	☐	☐
Poliomyelitis	☐	☐	Hearing Difficulty	☐	☐
Pneumonia	☐	☐	Vision Difficulty	☐	☐
Malaria	☐	☐	Speech Difficulty	☐	☐
Meningitis	☐	☐	Rheumatism	☐	☐
Chronic illness	☐	☐	Skin Disorder / Eczema	☐	☐
Bronchitis	☐	☐	Convulsions	☐	☐

Do you need to supply the nursery with Medication for your child? If yes, please give details of the medication and the reasons for this;