CONFIDENTIAL MEDICAL REGISTRATION FORM

Student family name:	
Student given name/s:	Known As:
Date of birth:	
Place of birth: Nationality:	

IMMUNISATION DETAILS

Please provide the **latest dates** of immunisation against the following

Diphtheria	Hib
Measles, Mumps, Rubella	Meningitis
Polio	Tetanus
Tuberculosis	Whooping Cough
Other (please give details)	

MEDICAL HISTORY

Please indicate whether or not the student suffers from any of the following medical conditions by putting an X in a box

Asthma YES ☐ NO ☐	Diabetes YES ☐ NO ☐
Epilepsy YES ☐ NO ☐	Sickle Cell Anaemia YES ☐ NO ☐
Other (please give details)	

Height:	Weight:

Has the student had any operations or hospital investigations?
YES ☐ NO ☐ If YES, Please give details

Does the student have any allergies, including to food or drugs (paracetmol,ibuprofen etc)?

YES ☐ NO ☐ If YES, Please give details

Is the student currently receiving any regular medical treatment?

YES ☐ NO ☐ If YES, Please give details

Is the student currently taking any medication on a regular basis?

YES ☐ NO ☐ If YES, Please give details

Does the student have any problems with hearing?

YES ☐ NO ☐ If YES, Please give details

Does the student have any problems with eyesight?

YES ☐ NO ☐ If YES, Please give details

Does the student have any specific dietary requirements eg due to medical, cultural or religious practices?

YES ☐ NO ☐ If YES, Please give details

Does the student have any physical, emotional or behaviour difficulties including obesity, eating disorders, self harm or depression?

YES ☐ NO ☐ If YES, Please give details

Has the student ever been assessed or received support/treatment from an Educational Psychologist or do you have any concerns about your student's learning needs?

YES ☐ NO ☐ If YES, Please give details

Is there anything else you feel the College should know that is relevant to the student's health or wellbeing eg history of family illness, bereavement, parental separation, divorce etc?

YES ☐ NO ☐ If YES, Please give details

NAME OF PARENT :	DATE:
SIGNATURE OF PARENT	