Saint Joseph School
CORNET CHAHWAN
MEDICAL DEPARTMENT

Medical Report (CONFIDENTIAL)

Please fill in this form by **your doctor** and return it to the Division Secretary's office.

Full Name			
Class		**Division**	

A. Vaccinations

Kindly attach a photocopy of the vaccination pages of the child's Health Record booklet, showing all vaccinations done from birth until present.

Pediatrician's additional remarks	

B. Medical Diseases

Disease Name	Yes	No	If yes, When		Yes	No	If yes, When
German Measles (Rubella)	☐	☐	___/___/_____	Hepatitis A	☐	☐	___/___/_____
Measles	☐	☐	___/___/_____	Hepatitis B	☐	☐	___/___/_____
Chicken Pox	☐	☐	___/___/_____	Mumps	☐	☐	___/___/_____
Tuberculosis	☐	☐	___/___/_____				

C. Hospitalization and/or Surgical Intervention

Description	Date

D. Family Illnesses

E. Miscellaneous Medical Instances

Type	Yes	No	If yes, please specify
Allergies	☐	☐	
Asthma	☐	☐	
Diabetes	☐	☐	
Epilepsy	☐	☐	
Heart Problems	☐	☐	
Convulsions	☐	☐	
Urinary Problems	☐	☐	
Eyesight difficulties	☐	☐	
Hearing difficulties	☐	☐	
Headaches	☐	☐	
Motor Problems	☐	☐	
Others	☐	☐	

F. Current Medications

E. Accidents or Other Details

In addition to the above, are there any other details you feel we should be aware of regarding your son/daughter's health?

_____ _____

Doctor's Name and Signature **Date**