Saint Joseph School
CORNET CHAHWAN
MEDICAL DEPARTMENT

Medical Update (CONFIDENTIAL)

Please fill in this form and return it to the Division Secretary's Office.

Full Name				
Class		**Division**		☐ **No medical update for the past year**

A. Vaccinations

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

B. Medical Diseases

Disease Name	**Yes**	**No**	**If yes, when**	**Disease Name**	**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

G. Accidents or Other Details

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

_____ _____

Parent's or Doctor's Signature **Date**