



**S.THOMAS' COLLEGE AT GURUTALAWA
MEDICAL FORM**

Please fill the following particulars correctly and carefully. This will assist the school look after the student well when he is sick. You are advised to get the help of the family doctor when filling this form.

Name of the student: Grade:

MEDICAL HISTORY OF THE STUDENT

01. IMMUNIZATION : Has the child been immunized against the following:-

<u>Disease</u>	<u>Yes / No</u>	<u>Date</u>
1. A) Whooping cough		
B) Diphtheria	Triple
C) Tetanus		
2. Measles
3. Polio
4. Tuberculosis, B.C.G.
5. Typhoid

02. ALLERGIES:-

Is the child allergic to any drugs. If so, please list them below.

	<u>Yes/No</u>
1. Penecilin
2. Ampicilin
3.
4.

03. INFECTIOUS DISEASES:

Has the child suffered from any of the following:-

	<u>Yes/No</u>	<u>Date</u>
Chicken Pox
Measels
Mumps
Whooping Cough
Hepatitis
Typhoid
Diphtheria

04. Has the child suffered from any of the following . If yes ,please give details.

	<u>Yes/No</u>	<u>Date</u>
Any heart conditior
Malaria
Filaria
Rheumatic fever
Epileptic Fits
Uncontrolled bleed

05. OPERATIONS: Please list below, details of any OPERATION the child has had. (e.g. Appendicitis)
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06. Please give below any other information regarding the medical history of the child that may be useful for the school.
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07. In case of urgent medical need, the child is authorised to be
a. admitted to a Government Hospital
b. admitted to a Private Hospital
c. channelled a specialist if necessary

08. NAME AND ADDRESS FOR EMERGENCY USE

Please give below, your name, address, telephone numbers etc. Please also state the name, address, telephone numbers of any relative or friend who lives close to the school, who could easily be contacted if needed.

a. Name and address of parent / guardian :- Mr/Mrs/Miss.....
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.....
Telephone Numbers:-
b. Business /Office address of parent/guardian
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Telephone Numbers:-
c. Name and address of the close relative:
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Telephone Numbers:-

09. NAME AND ADDRESS OF THE STUDENT'S FAMILY DOCTOR:-

Dr.
.....
.....
.....
Telephone Numbers:-.....

10. SPECIAL MEDICINES OR ATTENTION: If te student is in need of any special medical attention
or any special medicine during his stay in the school, please state details as the child enters the
school or re-enters after holidays.

I HEREBY UNDERTAKE TO LEAVE ANY MATTER OF URGENCY CONCERNING THE STUDENT TO
THE ENTIRE DISCRETION OF THE HEADMASTER, S.THOMAS'COLLEGE, GURUTALAWA AND IN
HIS ABSENCE, TO THE OFFICER ACTING ON HIS BEHALF.

Date:-.....

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Signature of Parent/Guardian