

**REGIS SCHOOL RUNDA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

HEALTH INFORMATION FORM

GEMS Africa requires that your child receives a comprehensive physical examination before entering school. **The parent or guardian completes Part I of the form.** The Medical Provider completes **Part II and Part III** of the form.

PART I

Student's Name: _____
 Student's Date of Birth: ___/___/___ Sex: _____ Country of Birth: _____ Current Grade _____
 Physical Address: _____ Code _____ City: _____

 Name of Parent or Legal Guardian 1: _____
 Phone: _____
 Emergency Contact: _____ Phone: _____
 Email: _____

Part II

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Dental problems			Surgery		
			Vision problems		

Describe any other important health-related information about the child

List any prescription the child takes regularly:

Part III

<p>Health Care Professional's Certification</p> <p><input type="checkbox"/> By checking this box, I certify that all the information entered above is accurate (enter name and date on signature and date lines below).</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: ____/____/____</p> <p>Hospital name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Stamp here.</p>	<p><u>Summary of Findings</u></p> <p><input type="checkbox"/> Well child; no conditions identified of concern to school program activities</p> <p>Conditions that are important to schooling or physical activity (tick where applicable)</p> <p>Allergy:</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Insect</p> <p><input type="checkbox"/> Medicine</p> <p><input type="checkbox"/> Other: _____</p> <p>Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc.)</p> <p>Specify: _____</p> <p>Restricted Activity (e.g. sports)</p> <p>Specify: _____</p> <p>Medication.</p> <p><input type="checkbox"/> Child takes medicine for specific health condition(s).</p> <p><input type="checkbox"/> Medication must be given and/or available at school.</p> <p>Special Diet Specify: _____</p> <p>Special Needs Specify: _____</p>
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Other Comments:
