

Junior World Learning & Activity Centre Ltd.

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MEDICAL FORM

(Immunization card should be taken together with this form to the doctor/pediatrician)

Parent/Guardian:

An annual medical is important, as it ensures that your child is in good health for school. Prevention is always better than cure.

To be completed by Parent/Guardian:

Student's Name: _____ Date of Birth _____

Home Address: _____

Contact Numbers: _____

Health Information: (Please indicate Yes or No)

Has your child been fully immunized? _____

Does your child suffer from?

Epilepsy (fits) _____ Asthma _____ Diabetes _____ Fainting Spells _____ Heart Disease _____

Sickle cells _____ Rheumatic Fever _____ Tonsillitis _____ Eczema _____ Other _____

Does your child suffer from any Emotional/Mental issues? Yes _____ No _____

Does your child suffer from any Learning Disability or inabilities? _____

Is your child undergoing any other medical treatment? _____

What is the treatment? _____

Surgical Operations (specify) _____

Date _____ Hospital _____

Family Health History: (Does any of the following conditions exist in your family?) Yes or No

Asthma _____ Diabetes _____ Hypertension _____ Heart Disease _____

Tuberculosis _____ Sickle Cell _____

To be completed by Physician:

(It is required that the physician carries out a physical examination and notes the results below.)

Student's Height _____ Weight _____ B.P. _____

Urine: Pro _____ Glu _____ Dental _____

- Nervous System _____
- Posture _____
- Muscle Tone _____
- Skin _____
- Hair/Scalp _____
- Eye/Nose/Throat _____
- Mouth Breathing _____
- Speech Defect _____
- Thyroid _____
- Lymph Glands _____
- Heart & Circulation _____
- Lungs _____
- Abdomen _____

State any serious illness _____

Is your child taking any medication: Yes _____ No _____ Reason _____

Physical Activities: Unrestricted _____ Restricted _____

Reason or Restrictions _____

State Laboratory Test Given: _____

Please state any other information deemed pertinent for enrollment to school.

Physician's Name _____ Address: _____

Signature: _____

Date: _____