MERL GROVE HIGH SCHOOL MEDICAL FORM

77 CONSTANT SPRING ROAD
KINGSTON 10
TEL.: #876-925-7585/ 876-941-1035/876-905-3474

Name of pupil: ..... Date .....

Date of birth: ..... Sex ..... Age ..... Grade .....

Address: .....

Name of Parent/Guardian: .....

Address: .....

Telephone: (Home) ..... (Work) ..... (Emergency) .....

Family Doctor/Health Clinic: .....

Address: .....

N.B. A thorough Physical Examination is required

Weight ..... Height ..... BP .....

Urine test: protein ..... Glucose ..... Blood .....

L.M.P. ..... HCG Testing .....

Immunization status (Kindly record dates of vaccination)

	1st	2nd	3rd	Booster	Booster
DPT					
Polio					
BCG					
Measles					
Rubella/MMR					
Other					
Remark					

Is There History of	**Child Yes/No**	**Family Yes/No**
- Bronchial Asthma		
- Sickle Cell Disease		
- Measles, Mumps Chicken Pox		
- Mental Illness		
- Diabetes		
- Hypertension		
- Physical Disability		
- Communicable Disease		
- Allergies		
- Previous Surgery/Hospitalization		
- Heart Disease		
- Other Chronic Illness		
- COVID 19 Exposure		

Remarks: .....

.....

Physical Examination **Abnormalities**

	Yes	No
Respiratory system	_____	_____
Cardiovascular system	_____	_____
Gastro-intestinal system	_____	_____
Genito-Urinary system	_____	_____
Musculo-skeletal system	_____	_____
Vision	_____	_____
Hearing	_____	_____
Psychological state	_____	_____

Remarks.....

.....

Special Request/Standing Order .....

I hereby certify that ..... was medically examined on .....
She was found to be:

1. Medically fit for admission to school ..... Y/N
2. Free from any communicable disease ..... Y/N

Participation in school activities

Unrestricted/Restricted for .....

Doctor's name and address .....

.....

Doctor's signature .....

Parent/Guardian:

In the event of any emergency or illness at school where your child may require medical treatment, it is necessary that your consent be given. Your cooperation would be greatly appreciated. Kindly affix your signature below:

Consent Form

I ..... hereby give consent for medical treatment to be

administered to ..... in the event of an emergency or illness occurring at school.

.....
Parent/Guardian

.....
Relationship