

SIR ELLIS KADOORIE (S) PRIMARY SCHOOL

MEDICAL HISTORY OF STUDENT

(for the completion of parent/guardian on voluntary basis)

(Restricted – The information provided will only be used for the purpose of the student’s health reference)

Name of Student: _____

Class: _____ Class No.: _____ Sex: _____

Date of Birth: (dd/mm/yy) _____ / _____ / _____

Name of Parent/Guardian: _____

Emergency Telephone Number: _____

1. If the student has ever had the following medical condition(s), please mark " ✓ " in the appropriate box and Specify details.

		<i>Age Detected</i>	<i>Details of Diseases</i>	<i>Recommended Treatment (if applicable)</i>
	G6PD deficiency			
	Bronchial Asthma			
	Epilepsy			
	Fits due to fever			
	Kidney disease			
	Heart disease			
	Diabetes mellitus			
	Hearing mellitus			
	Hemophilia			
	Anemia			
	Other blood disease			
	Allergy to drugs			
	Allergy to vaccines			
	Allergy to food			
	Other allergies			

		<i>Age Detected</i>	<i>Details of Diseases</i>	<i>Recommended Treatment (if applicable)</i>
	Tuberculosis			
	Minor operation			
	Others			

2. If the student is considered not suitable for participation in P.E. lesson or any other type of school activities, please specify and submit a medical certificate for school's reference.

3. Other supplementary information:

Signature of Parent/Guardian: _____

Name of Parent/Guardian (in BLOCK LETTERS): _____

Date: _____

Purpose of Collection:

Personal data collected from your child is only and for handling matters relating to his/her health and safety. Though the provision of such data is entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him/her in case of accident.

Access to Personal Data:

According to Personal Data (Privacy) Ordinance, you have the right to access and correct the data supplied. Please contact the school if necessary.