

Pupil's name:

Dear Parent

The school health nurse will visit the school on..... to examine the pupils.

The examination is voluntary. Please state whether you give permission or not for such an examination:

YES NO

PLEASE SEND YOUR CHILD'S MEDICAL PASSPORT OR/AND IMMUNISATION CHART WITH, ON THE DAY OF THE VISIT.

Do you want to attend the visit?

YES NO

Would you kindly complete the attached health questionnaire?

Questionnaire: (Just tick off with an X)

1. State any other disease/illness that your child had before:

2. Was your child ever admitted to a hospital?

YES NO

If yes, write down the reason

3. Does your child use any long-term medication?

YES NO

If yes, specify please:.....

4. Does your child complain of any disorder at this moment?

YES NO

If yes, specify please:.....

5. Has your child undergone any operations?

YES NO

If yes, specify please:.....

6. Does your child have any medical reason why he/she cannot attend any sport activities?

YES NO

If yes, please state why:.....

7. Is your child fully immunised according to the programme?

Polio Y N Tetanus Y N

Diphtheria

Y N

Measles Y N T B Y N

Whooping-cough

Y N

Occupation of parents: Father:

Mother:

Street address:

Postal address:.....

Tel No: (H) (W)

Date of Birth: Pupil