Just Kids Academy
INTERNATIONAL SCHOOL
"Learning Through Fun and Play"

# STUDENT MEDICAL FORM

## PARENT SECTION

Child's Full Name: _____

Parent /Guardian Name: _____ Nationality: _____

Childs Allergies: _____

Allergy Reaction: _____

Parents family history *(Please tick below if it's in your family or if you suspect you child may have or show signs of)*

Asthma:___ Tuberculosis___ Diabetes ___Epilepsy___ Cancer ___ Diabetes___ Nose Bleeds ___ Hypertension ___

Sinusitis ___ Rheumatic Fever ___ Sickle Cell disease ___ Stomach Problems ___ Pneumonia ___ Fever Seizures ___

Seizures ___ Autism ___ ADHD ___ Social Anxiety ___ Depression ___

Other: _____

## PHYSICIAN SECTION A.

Child's Physician: _____ Phone:_____

1. Childs Height: _____ Childs Weight:_____ Blood Pressure: _____

General Appearance Examination: Normal:_____ Abnormal:_____ Remarks:_____

2. Please tick if the child suffers from any listed below.

Asthma:___ Tuberculosis___ Diabetes ___Epilepsy___ Cancer ___ Diabetes___ Nose Bleeds ___ Hypertension ___ Sinusitis

___ Rheumatic Fever ___ Sickle Cell disease ___ Stomach Problems ___ Pneumonia ___ Fever Seizures ___ Seizures ___

Autism ___ ADHD ___ Other: _____

3. Please Tick if the child had the following within 6 months:

___ Chicken Pox ___ Whooping Cough ___ Covid19 ___Mumps ___ Polio___ Measles ____ None Of The Above

4. Is the child capable of participating in Physical activity? ____Yes ___ No. If No, please state why.

## Immunization Vaccination

| Immunization | 1st | 2nd | 3rd | 1st BOOSTER | 2nd BOOSTER |
|---|---|---|---|---|---|
| DPT | | | | | |
| Polio | | | | | |
| Hepatitis B | | | | | |
| Pneumococcal | | | | | |
| MMR | | | | | |
| Varicella | | | | | |
| Other Vaccines | | | | | |
| Booster | | | | | |

LABORATORY TEST RESULTS (Ages: 1-4/5)

Hemoglobin level (g/dl): _____

Corrective lenses? _____

## PHYSICIAN SECTION B.

5. Teeth (Ages 1 - 4): Normal:_____ Abnormal: _____

Date of last examination: _____

Remarks: _____

6. Hearing (Ages 1- 4): Normal:_____ Abnormal: _____

Date of last examination: _____

Remarks:_____

7. Eyes (Ages 1 - 4) Normal:_____ Abnormal: _____

Date of last examination: _____

Remarks: _____

Dr. _____ Hereby certified that the child was examined by me and is found to be physically and mentally fit to attend Just Kids Academy International School.

X_____ Stamp Here

Physician Signature