MEDICAL FORM - (To be completed by Parents)

Surname

Given Names

First Middle

Date of Birth (D D M M Y Y Y Y)

Blood Group

Person to contact in an emergency

Cell

Child's Regular Doctor

Cell

Hospital Regularly Used

Is the child susceptible to any of the following? (Please check all appropriate boxes)

- ☐ Asthma
- ☐ Rash
- ☐ Chills
- ☐ Fever
- ☐ Convulsions
- ☐ Headache
- ☐ Nose Bleeds
- ☐ Ear Infections
- ☐ Colds
- ☐ Throat Infections
- ☐ Other:

Describe:

Does the child have any of the following?

Food Allergy:

Drug Allergy:

Other Allergy:

Dietary Restrictions:

Visual Problems:

Aural Problems:

Physical Disability:

Health problems that require special attention:

Any other relevant information:

Please attach copy of vaccination card. In case of an emergency , if the school cannot contact the person above, the child will be taken to the nearest hospital.

Parent's Signature: Date:

The International School

Primary Campus:
D-88, Block 2, Clifton, Karachi 75600, Pakistan. Tel: +92 21 35373987, 35377340, 35830546 Fax: +92 21 35830171

Secondary Campus:
F-23, Block 5, Clifton, Karachi 75600, Pakistan Tel: +92 21 35835805 -6 Fax: +92 21 35830171

Email: admission@tis.edu.pk, info@tis.edu.pk Web: www.tis.edu.pk

MEDICAL FORM - (To be completed by Family Physician)

Surname

Given Names

First Middle

Father's name:

Mother's Name

Date of Birth

D D M M Y Y Y Y

Address:

Height:

Weight:

Blood Group:

Vision:

Hearing:

Skin:

Hair (Lice):

Limiting Conditions:

Additional Finding or Comments:

Physician's Signature:

Date:

The International School

Primary Campus:
D-88, Block 2, Clifton, Karachi 75600, Pakistan. Tel: +92 21 35373987, 35377340, 35830546 Fax: +92 21 35830171

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