

Student Health Form

This form is for College purposes only and will not be submitted to any other agency or organization. The information provided will be held in confidence as part of your health record at the College Health Centre.

It is essential for your well-being that full and accurate information is shared with the school in order to prepare for your medical care. Failure to disclose relevant information may result in withdrawal of your position at College.

To be completed and signed by your parent/guardian

Student's full name Ruiyan Huang

Date of birth: Day/Month/Year 15/02/2003 male ☐ female ☒ other ☐

Student's home address: Room 101,Block 20,Langshi Taihu, Longhe Road,Wujiang District,
Suzhou City, Jiangsu Province, China

I hereby certify that the information given on this form is true and correct and I have provided all health information about my child. I understand that a false statement and/or failure to disclose information may disqualify my child from the College.

Jiant Huang 28/06/2019 *Xiagin Shen* 28/06/2019
Parent/Guardian Signature Date Parent/Guardian Signature Date

Medical Conditions

Does the student currently have a history of:

	Yes	No	Year of onset
Respiratory problems or asthma		No	
Cardiac disease (Congenital heart disease, heart murmur, hypertension, significant risk factors etc.)		No	
Gastrointestinal disturbances or conditions (Crohn's, PUD, Coliits, Celiac disease/gluten sensitivity, etc.)		No	
Musculoskeletal problems (Arthritis, fractures, chronic joint/back issues/injuries, etc.)		No	
Neurological problems (Seizure disorder, dizziness, fainting episodes, migraines, etc.)		No	
Head injury (with or without loss of consciousness)		No	

Endocrine problems (Diabetes, thyroid, etc.)		No	
If female parts, any menstrual history issues (severe cramping, heavy bleeding, birth control, etc.)		No	
Eye, Ear, Nose problems including nose bleeds		No	
Climate restrictions (altitude, cold/damp, humidity, heat stroke, heat related illness, frostbite)		No	
Acute chronic skin problems (eg acne, rash)		No	
Cancer		No	
Hearing or vision impairment		No	

Details of the Medical Condition(s) Stated Above

Please provide details if any. Please write 'NONE' where not applicable.

What is the condition and when was your child diagnosed? Please provide diagnosis and approximate date.
 NONE

What are the signs and symptoms of the condition?
 NONE

Is your child undergoing any treatment or taking any medication – e.g., medication/dosage/method of administration?
 NONE

Mental and Emotional Health

Does the student currently have a history of:

Has the student been diagnosed or treated for any of the following within the past two years?		Yes	No	Please Explain
History of alcohol consumption or illicit drug use?			No	
Eating disorder (Anorexia Nervosa, Bulimia Nervosa, other)? Diagnosed? Undiagnosed? Suspected?			No	
Depression?			No	

Bipolar illness?		No		
Schizophrenia?		No		
Anxiety? Adjustment Disorder? Panic attacks?		No		
Attention or behavioral concerns/disturbance (including impulse control)?		No		
Asperger's Syndrome Disorder?		No		
History of suicidal behaviours, self-harm or thoughts, and/or psychosis?		No		
Sought treatment/currently in mental health treatment or counselling?		No		
Other: Please include any other relevant medical history		No		

Details of the Mental and Emotional Health Stated Above

Please provide details if any. Please write 'NONE' where not applicable. Please provide a supplemental form if necessary.

NONE

Is there any relevant information on the home situation that may impact the student's mental or emotional health, for example, illness of a family member, bereavement in the family, divorced parents, separation of family members, political unrest in home country / town etc.?

NONE

Has the student been prescribed medication for anxiety or depression? If so please state the name, dosage, and frequency of the medication prescribed. Please note that a letter from the Psychiatric specialist is required stating that the student is medically emotionally fit to join Pearson College and in all activities.

NONE

Lifestyle

Does the student:	Yes	No	Please Explain
Exercise Regularly	Yes		List of exercise and frequency Swimming 2~3/week Jogging 2~3/week
Smoke cigarettes?		No	How much? How often?
Use tobacco?		No	How much? How often?
Use alcohol?		No	How much? How often?
Use recreational drugs?		No	How much? How often?
Take oral contraceptive pills or use method of Birth control?		No	
Other: please include any other relevant lifestyle history		No	
Other: Please include any other relevant medical history		No	

Please check any of the following dietary requirements the student has had:

<input checked="" type="checkbox"/>	No Special Requirement	<input type="checkbox"/>	Lacto – ovo vegetarian (eggs and dairy ok)
<input type="checkbox"/>	Food Allergy	<input type="checkbox"/>	Not vegetarian but does not eat red meat
<input type="checkbox"/>	Vegan vegetarian (no animal products)	<input type="checkbox"/>	Kosher food
<input type="checkbox"/>	No beef	<input type="checkbox"/>	Halal (No Pork)

Allergies and type of reaction

	Yes	No
Medications		No
Food		No
Environmental		No
Wasp/ Bee stings		No
Allergy to peanuts and /or soy		No

Details of the allergies (s) stated above

Please provide details if any. Please write 'NONE' where not applicable. Please provide a supplemental form if necessary.

Is the allergy mild or severe?

NONE

Mild = treated with over the counter medication; Severe = Immediate action needed, interventions include epinephrine and/or hospitalisation

What are the signs and symptoms of the condition?

NONE

What is the treatment and action provided to the child? (medication/ dosage/ method of administration)

NONE