



مدارس رؤية
RU'YA SCHOOLS

Student's Medical Clearance Certificate

This form MUST be completed by a licensed physician prior to beginning studies at Ru'ya Schools.

First name in English: Middle name in English: Last name in English:

Date of Birth: Height: Weight: BMI:

Does the student suffer from:	Yes	NO	Details Specify (Cause, Reaction, treatment, severity if applicable)
Heart diseases			
Genetic blood diseases			
Diabetes			
Respiratory system diseases (asthma, allergies, etc)			
Complication in the bones or muscles			
Allergies from any type of (Medication/ Food / Environment ,etc)			
Nose bleeds			
Previous surgeries			
Vision difficulties			
Hearing difficulties			
Speech or language development difficulties			
Epilepsy/ Seizure			



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	No	Yes	Details
Does your child have Epipen?			
Are there any medical restrictions or recommendations pertaining to physical education classes?			
Is the child receiving current or ongoing treatment for any medical, surgical or psychological condition?			
May the nurse give Paracetamol/Tylenol at her discretion if your child becomes ill at school?			
Are there any other health problems should we be aware of?			
Have all the child's vaccinations been completed according to his/her age?			

Based on current history and physical examination, I certify the above-named student free of contagious disease, vaccinated in accordance with the above mandatory school requirements, and fit for all usual school activities.

Name of examining Physicians:: —————

Signature of examining Physicians: : —————

Date of exam: —————

Hospital/Clinic Name: —————

Official Stamp:: —————