

Mandatory Health Information

Parent Name

Stephan Paul

Contact E-mail

boob97@gmail.com

Medical History

Allergies

Frequent Sore Throat

Chronic Tonsillitis

Heart Disorders

Frequent Cough

Frequent Influenza

Daily medication

Mumps

Special diet

Had operations

Has been treated in a hospital

Has seen (or is currently seeing) a counselor, psychologist or psychiatrist

Please provide more detailed information

His blood pressure is below normal

Mandatory Physical Examination

Height (cm)

152

Weight (kg)

42

Blood Type

78

Skin

pale

Throat

normal

Teeth

unexpected

Ears

normal

Lungs

unexpected

Vision

normal

Heart

unexpected

Abdomen

normal

Hernia

normal

Urine

unexpected

Indigestion

normal

General Condition

Heart condition is not good

Medical Permission

I hereby give permission for emergency medical and surgical treatments of my child as may be considered necessary by the attending physician(s).

Parent / Guardian

I hereby attest that all information listed on all medical forms is true.

Full Name

Stephan Paul

Signature
