

2018-19 ADMISSIONS: HEALTH STATUS OF STUDENT

To help the school manage your child/ward's health better and reduce emergency situations, please complete this form and bring it back upon acceptance of admission.

Please note that the school has a sickbay with a qualified doctor and a nurse in charge.

TO BE COMPLETED BY PARENTS AND A MEDICAL DOCTOR

Name of student KNIYA NAA-AKU YA ADDY

DoB(dd/mm/yyyy) 10/11/2004 Height(mtr) 1.54 Weight(kg) 93.9 Sickling NEGATIVE

Blood Group B POSITIVE ~~AA~~ HB 11.1g/dL BP 118/71 mmHg
BLOOD TYPE AA

1. Indicate the types of medications that this student cannot take for health reasons eg. Aspirin, antibiotics, Sulphur-based drugs, steroids. Please do not give brandnames.

1. N/A

2. _____

2. Generally this student's ailments are associated with his/her: Tick where applicable

- | | | |
|--|------------|-----------|
| i. Abdomen | v. Limbs | ix. Chest |
| <input checked="" type="checkbox"/> ii. Ear, Nose & Throat | vi. Teeth | x. Others |
| iii. Back | vii. Skin | |
| iv. Head | viii. Eyes | |

Please specify and add any other relevant management information.

1. HAS A FAMILY HISTORY OF ALLERGIC RHINITIS FOR WHICH SHE OCCASIONALLY MAY WILL REQUIRE ANTIHISTAMINS

2. _____

3. This student actually has a history of: Tick where applicable

- | | |
|--------------------------|---|
| i. Stomach ulcer | viii. Low/high blood pressure |
| ii. Pneumonia/bronchitis | ix. G6PD |
| iii. Glaucoma | x. Arthritis |
| iv. Menstrual pains | xi. Asthma |
| v. Ailments of the spine | xii. Upper Respiratory Disorders |
| vi. Diabetes | <input checked="" type="checkbox"/> xiii. Allergies |
| vii. Sickle cell anaemia | xiv. Others |

Please specify and add any other relevant history / management information.

1. TAKES PIRITON AS AND WHEN REQUIRED FOR ALLERGIC RHINITIS

2. STUDENT IS CURRENTLY ON MEFLOQUINE 250MG WEEKLY FOR THE NEXT TWO MONTHS

3. _____

This student has a permanent disability whose nature is as follows: Please add a doctor's report.

1. N/A

2. _____