

## MY MEDICAL RECORD

Grade 20 Class	Grade	P 1 20	P 2 20	P 3 20	P 4 20	P 5 20	P 6 20	S 1 20	S 2 20	S 3 20
	Class									
Gender								Male . Female		
Student Name:								Blood Type:		
<div> <div></div> <div></div> </div> <div> <div>Firstname</div> <div>Familynname</div> </div>								<div>A . B . O . AB</div> <div>Rh (+ -)</div>		
Date of Birth:								Normal Temperature:		
Date:   Month :   Year :										

**1**

Emergency Contact	Name			Contact Number
	1			
	2			
Address	Condominium Address :			District :
Home Doctor	Hospital			Doctors Name

Insurance	<input checked="" type="radio"/> Yes <input type="radio"/> No    Company name :
-----------	---

2 Place "O", if any of the condition are present.

About allergies	Age of onset	Undern Treatment	Follow up	(age) Treated ( )
Food Allergies				
Drug Allergies				
Other Allergies				
Asthma				
Atopic Dermatitis				
Allergic Rhinitis				
Allergic Conjunctivitis				
Please write about the allergen if any				
<div>* Anaphylactic Shock : <input checked="" type="radio"/> Yes    <input type="radio"/> No</div> <div>* Epinephrine autoinjector : <input checked="" type="radio"/> Yes    <input type="radio"/> No</div> <div>* Other Medicines : <input checked="" type="radio"/> Yes    <input type="radio"/> No</div>				

**3 Medical History(Age) Name:**

Heart problem ( )	Epilepsy ( )	Measles ( )
Kawasaki disease ( )	Febrile convulsions ( )	Chicken pox ( )
Scoliosis ( )	Tuberculosis ( )	Mumps ( )
Kidney problems ( )	Others ( )	Rubella (German measles) ( )
Diabetes ( )		Dengue Fever ( )
Operated Disease ( ) Injury ( ) Illness ( )		

#### 4 Immunization Histroy

Type	times	Type	times
Japanese encephalitis		Streptococcus pneumoniae	
3 Triple antigen		(Hib)	
4 Quadruple antigen		Covid 19	
BCG		Rabies vaccine	
Rubella (MR)		Tetanus	
Chicken pox		Advised by doctors against vaccination.	
Mumps			

## 5 Current Health Condition

## Grade()

[illegible]

Eye	nasal congestion and severe running nose easily.									
	Throat is swollen easily.									
		Squinted eyes to view from a distance								
		eye irritation & redness easily.								
		Use glasses or lenses								
		Wrong Colour								
	Dent	Has a sensitive tooth or toothache								
		Bleed from gum								
		Pain or sound in jaw joint								
		Has been Orthodontics								
Any medicine to take daily? (No/Yes) (Name of medicine:)										
6 Any Other medical concerns which require the attention of the medical practitioner										
Date:		Remarks:								