GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

Student Medical Form

Photo

Dear Parent or Guardian of the Student:

Please fill the attached form accurately in order to protect your son or daughter's health.

If the answer is yes, please write the date and details in comments cell. Accuracy is needed for us to be able to follow their health status.

Best wishes for good health and wellness

School Information
School Name: ..... Grade: ..... Class: .....

Student Information

Student Full Name: ..... Gender: .....

Date of Birth: ..... Nationality: .....

Parent or Legal Guardian Name: ..... Relationship: .....

Mobile Phone Number (1): ..... Mobile Phone Number (2): .....

E-Mail: ..... Emirate: .....

In case of Emergency and not being able to reach parents, the following person can be contacted:

Name: ..... Relationship: ..... Mobile Phone Number: .....

Required Attachments			
Student Emirates ID	☐ Yes	☐ No	ID Number: .....
Student Passport Copy	☐ Yes	☐ No	
Original Vaccination Card	☐ Yes	☐ No	
Health Card Number (if any)	☐ Yes	☐ No	Health Card Number: .....
Health Insurance Card (if any)	☐ Yes	☐ No	Health Insurance Card Number: .....

Medical History of the student

Is there any health problem, out of the following? If the answer is yes, please state the problem type and date in comments cell

	Health Problem	Yes	No	Comments
1	Any allergy to drug, food, dust			
2	Cardiovascular problem			
3	Diabetes			
4	Hypertension			
5	Asthma			
6	Renal Problem			
7	Epilepsy seizures or Convulsion seizures			

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8	Epistaxis			
9	Hemolytic Anemia, type G6PD			
10	Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia), Please specify if any			
11	Skin Problem			
12	Eye problem (Myopia, Hyperopia, ….), Please specify if any			
13	Hearing problem			
14	Any case that may weaken Immunity System such as Cancer (Blood cancer, Lymphoma), or transplantation, Please specify if any			
15	One of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), Please specify if any			
16	Viral Hepatitis			
17	Poliomyelitis (Infantile paralysis infection)			
18	Mental of Behavioral Problem, Please specify if any			
19	Any other Problem or disease not mentioned here, Please specify if any			
20	Is there a previous exposure to any accident?			
21	Is there any previous hospitalization? Please mention the cause if any			
22	Is there any previous exposure to surgery? Please mention the cause if any			
23	Is there any previous blood, antibodies or plasma transfusion?			
24	Was there a need to use any medical aid device? Please specify if any			

If the student suffer from one of the health problems mentioned or not mentioned above, please answer the following questions

Drugs or Treatments taken continuously

Drug Name: ..... Dosage: .....

Emergency Drugs

Drug Name: ..... Dosage: .....

Specific Instructions of the treating doctor regarding Nutrition

.....

Specific Instructions of the treating doctor regarding exercise and physical activity

.....

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Specific Instructions of the treating doctor to school nurse to be applied during the school day

.....

Family Health History

	Health Problem	Yes	No	Comments
1	Hypertension			
2	Diabetes			
3	Tuberculosis			
4	Mental disorder			
5	Stroke			
6	Others, specify			

Parent or Guardian approval and verification for the above mentioned information

Name of Parent or Legal Guardian: .....

Relationship: .....

Signature of the parent or legal Guardian: .....

Date: .....

Notes

The parent of legal guardian of the student should fill this form. He or she is responsible for the above-mentioned information.

Medical report about the health problem should be attached.

Parents and Legal Guardians are responsible for informing school nurse about any change that occur in health status of the student. They should provide the school nurse with the required reports needed to be added the student health file.

Please contact school nurse or doctor if there is any further queries