

CONFIDENTIAL



Windhoek International School

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Medical History and Information

To be completed by parent or guardian:

| | | | |
|---|------|--|--------|
| Student's name | | | |
| Date and place of birth | | | |
| Sex | Male | | Female |
| Family doctor's name and phone number | | | |
| Hospital preference | | | |
| Health Insurance Plan / Medical Aid | | | |
| Contact information (name and phone number), in case of emergency | | | |
| Mother | | | |
| Father | | | |
| Other | | | |

| | | | |
|-----------------------------|--|---------------|--|
| Immunization History | | | |
| Polio | | DPT | |
| DT | | TT | |
| Measles | | MMR | |
| BCG | | Hep B | |
| Hib B | | Meningococcal | |
| Typhoid | | Yellow Fever | |
| Other | | | |

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|--|
| Drug, Food or insect sting allergies? |
| Please briefly describe the allergy, reaction and the time it takes for the reaction to occur. |
| _____ |
| _____ |
| _____ |

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|---|
| Current medications |
| Please list all medications your child takes, prescription or over the counter. |
| _____ |
| _____ |

| Has your child ever had any of the below? If yes, please indicate when. | |
|--|--|
| frequent or severe headaches? | |
| dizzy spells, fainting, or blackouts? | |
| epilepsy or seizures? | |
| vision (eye) problems? | |
| tooth or gum problems? | |
| difficulty with hearing? | |
| other ear, nose or throat problems? | |
| hayfever or other allergies? | |
| asthma? | |
| wheezing or shortness of breath? | |
| chronic cough? | |
| blood in a cough? | |
| heart problems or disease? | |
| stomach, liver or intestinal problems? | |
| frequent urination? | |
| kidney trouble (stone or blood in urine) ? | |
| sugar or protein in urine? | |
| diabetes? | |
| arthritis, rheumatism or joint problems? | |
| joint or bone deformity or fracture? | |
| recent gain or loss of weight? | |
| obvious change (colour, size) in a mole or wart? | |
| frequent crying spells? | |
| frequent trouble sleeping? | |
| difficulty in relaxing or calming down? | |
| tuberculosis or close association with someone with TB? | |
| anaemia? | |
| rheumatic fever? | |
| any neurological disorder? | |
| learning disabilities or disorder? | |
| behavioural or discipline problem at home or school? | |

Has your child ever been treated by a psychiatrist, psychologist or other mental health practitioner? Please provide details below.

| Hospitalizations/Operations/Medical Evacuations | |
|--|-------------|
| Illness or operation | Date |
| | |
| | |
| | |
| | |
| | |

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| Is there anything else you would like to mention about your child’s health well being? |
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For your information

- All new primary students (Year 1 and up to year 6) will undergo a routine hearing and vision screening. Please contact the school nurse if you do **not** want your child to be tested. Secondary students may be tested following parental or teacher request.
- It is compulsory in the Primary School for all children to wear a wide-brimmed hat during break times and sports activities. Students without hats will have to stay in a designated shady area
- Our school’s first aid kits contain antiseptic lotions and creams, an anti-histamine cream, paracetamol for pain and fever, throat lozengers, arnica ointment for bumps and bruises and Elastoplast. Please note (in allergy section above) if your child is allergic to any of these items.
- All WIS students and staff are covered by a Medical Evacuation Policy which covers them during school hours and school activities on campus, as well as on field trips anywhere within Namibia. The medical cover includes emergency treatment on site as well as transport to and continued emergency treatment en route to the nearest equipped medical facility. Once the patient arrives at the hospital and is handed over to the medical team, further treatment will be for the personal account of the person concerned. (Drivers of our school buses and private vehicles who transport our students on field trips and who are not members of staff have to arrange for their own medical evacuation cover if their medical aid does not provide it.)

Signature of parent/guardian: _____ **Date:** _____