LITTLE WORLD INTERNATIONAL SCHOOL

Al Khandaq Street, Al Khobar Tel.: 887 5237 – 887 5238 Fax: 887 5238
Post Office Box 3582, Dammam 31481, Saudi Arabia

HEALTH FORM

Photograph

Student's Name: _____

Date of Birth: _____ (DD/MM/YY)

Emergency Contact:

Name: _____

Emergency Tel. No.: _____ Residence: _____

Mobile: _____ E mail: _____

Does your child suffer from any of the following (PLEASE CHECK). If the answer is **YES** please provide details:

Diabetes	YES ☐	NO ☐	**Asthma**	YES ☐	NO ☐
Epilepsy	YES ☐	NO ☐	**Convulsions**	YES ☐	NO ☐
Eyesight difficulties	YES ☐	NO ☐	**Hearing Difficulties**	YES ☐	NO ☐

Does your child take regular medications?

Diabetes	YES ☐	NO ☐

Has your child ever had any of the following diseases?

German Measles	YES ☐	NO ☐	**Measles**	YES ☐	NO ☐
Mumps	YES ☐	NO ☐	**Meningitis**	YES ☐	NO ☐
Chicken Pox	YES ☐	NO ☐	**Hepatitis**	YES ☐	NO ☐
Glandular Fever	YES ☐	NO ☐			

Please indicate last inoculations administered to your child:

Polio / Tetanus / Diphtheria: _____ (DD/MM/YY)

Measles: _____ (DD/MM/YY)

German Measles: _____ (DD/MM/YY)

BCG: _____ (DD/MM/YY)

Any other information which you would like us to know about your child: