

**HEALTH FORM
(TO BE COMPLETED BY YOUR DOCTOR)**

Child's name:..... Surname :.....

Birth date :..... Nationality (all) :

Registration asked for class/level :..... school year :

Former school (with complete address) :

.....

..... Former class/level

FAMILY : FATHER **MOTHER**

How many brothers : How many sisters :

Family diseases :

.....

About your child : is he often sickness ? YES/NO (please precise the illnesses)

.....

SICKNESS :

Cardiac/Heart :

Respiratory/Breathing :

Neurological (febrile convulsion, others...).....

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Métabolic :

Others (please precise) :

SURGICAL INTERVENTIONS (please precise) :

.....

.....

MEDICAL TREATMENT THAT YOU CHILD MUST TAKE AT SCHOOL :

(in this case, a PAI, which is a procedure parents/school/doctor have to be organized) :

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Without PAI, medical treatment could be administered at school

VACCINES : Please control the vaccines book/certificates

Important comments :

Date, signature et doctor's stamp

It is essential that the school have to be informed about any health problem to organize particular support that could be needed .

**Veerle HENNINOT
Chef d'établissement**