

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

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

Birth date: Nationality (-ties):.....

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

Former school (with complete address):

.....
..... Former class/level

Surname/First name : Parent 1 :

Parent 2 :

Other legal representative:

How many brothers : How many sisters :

Family health problems :

.....
.....
.....

ABOUT YOUR CHILD : is he often ill ? YES/NO (please precise the illnesses)

.....

SICKNESS :

☐ Cardiac/Heart :

☐ Respiratory/Breathing :

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

☐ Metabolic :

☐ Others (please precise) :

ALLERGIES :

.....
.....

SURGICAL INTERVENTIONS (please precise) :

.....
.....

MEDICAL TREATMENT THAT YOU CHILD MUST TAKE AT SCHOOL

Presence of a pathology (asthma, allergy, etc.) which may require treatment at school :

☐ YES

☐ NO

In this case, a PAI, which is a procedure between parents/school/doctor has to be organized.
(PAI | Projet d'Accueil Individualisé).

Without a PAI, no medical treatment will be administered at school

VACCINES :	NO	YES	Number of vaccines received
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>

Important comments :

Date, signature and doctor's stamp

It is essential that the school be informed immediately about any health problem in order to organize the specific support that could be needed.

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Head of School