CANDOR
International School
Bangalore

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Required

STUDENT MEDICAL FORM

(To be completed by Parent / Guardian)

Student Details

Student's Name: ..... Grade: .....

Sex: F ◯ M ◯ Date of Birth: DD ..... MM ..... YYYY ..... Blood Group: .....

Day Scholar ☐ Weekly Boarder ☐ Regular Boarder ☐ Nationality: .....

Family Doctor: ..... Medical Insurance No.: .....

Contact Details

Father's Name: .....

Phone No.: Home ..... Work .....

Mobile ..... Email: .....

Mother's Name: .....

Phone No.: Home ..... Work .....

Mobile ..... Email: .....

Present Home address: .....

.....

.....

A) Food & Personal Habits

My child is: Vegetarian ◯ Non- Vegetarian ◯

B) My child suffers from

Asthma ☐	Diabetes ☐	Bronchitis ☐	Kidney Problem ☐
Ear-ache ☐	Sensitive Skin ☐	Sleepwalking ☐	Nosebleed ☐
Fainting ☐	Sinus Trouble ☐	Convulsions ☐	High Blood Pressure ☐
Tonsillitis ☐	Frequent Colds ☐	Headache ☐	Motion Sickness ☐
Eye Infection ☐	Nightmares ☐	Bed Wetting ☐	

If any other, please specify: .....

C) Allergies

My child has an allergy to (Please specify) .....

.....

D) Immunisations

My Child's immunization shots are current.

Typhoid ☐ Polio Vaccine ☐ Tetanus ☐ Small Pox ☐ Diphtheria ☐

Others (Please specify) .....

E) Vision

My child wears glasses: YES ◯ NO ◯

My Child wears contact lenses: YES ◯ NO ◯

My child is: Short sighted ☐ Far sighted ☐

F) Medication

I would like my child to be given,

Name of Medication(s) .....

Purpose of Medication (s) .....

G) Surgeries/Operations

Has your child undergone any operation / surgery / been admitted to any hospital?

YES ◯ NO ◯

Please mention the date, reason and duration that your child was in hospital?

Date: ..... Duration: .....

Reason: .....

G) Other Information

If there is any other information you would like to share with us, please mention it in the space below:

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In case of any emergency, I hereby give permission to the school to provide the necessary medical attention for my child.

Parent/Guardian Name: ..... Date: .....