NEWTON
COLLEGE

PART OF ISP SCHOOLS

HEALTH QUESTIONNARIE

Pupils Details:

Name ______________________________ Surnames ______________________________

Class ______D.O.B. _____________ Weight_ , Height ________ .

Allergies:	YES	NO	Observations / Treatments
Medicines	○	○	
Food	○	○	
Breathing	○	○	
Topical / Cutaneous	○	○	
Insect bite	○	○	
Other	○	○	

Current illnesses:	YES	NO	Observations / Treatments
Asthma	○	○	
Diabetes	○	○	
Epilepsy	○	○	
Cardiovascular	○	○	
Digestive	○	○	
Musculoskeletal	○	○	
Cutaneous	○	○	
Other	○	○	

Requires a special diet?____

____

____

____

Problems / disorders:	YES	NO	Observations / Treatments
Visual	○	○	
Hearing	○	○	
Motor	○	○	
Neurological	○	○	
Other	○	○	

NEWTON COLLEGE

PART OF ISP SCHOOLS

The pupil has ever suffered:	YES	NO	Observations / Treatments
Allergic Reaction	○	○	______________________________
Febrile Seizures	○	○	______________________________
Seizures for other reasons	○	○	______________________________
Asthma attack	○	○	______________________________

Has suffered any of the following infections:	YES	NO	Observations / Treatments
Chicken Pox	○	○	______________________________
Scarlet Fever	○	○	______________________________
Meningitis	○	○	______________________________
Mumps	○	○	______________________________
Hepatitis	○	○	______________________________
Others	○	○	______________________________

Has he/she previously undergone surgery?

____

____

____

Relevant family medical history: ________________________________

____

____

To justify this questionnaire attach relevant medical reports

Students' medical information will be kept confidential in most cases regardless of their age. However when necessary, there may be exceptions and relevant data may be communicated to other school employees in benefit of the student and so that he/she is attended every day in the best way possible.

Pupil's Father (or guardian):
Name ______________________
Surnames ______________________
Signed

Pupil's Mother (or guardian):
Name ______________________
Surnames ______________________
Signed

In ____________ the ____ of ____________ 20__ .