



# Nanaimo Christian School

*Belong • Believe • Achieve*

## STUDENT MEDICAL INFORMATION

### STUDENT INFORMATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Parent/Guardian: \_\_\_\_\_

### MEDICAL HISTORY

Immunizations up to date? \_\_\_\_\_ (Yes or No) **\*Immunization Record is required\***

Physical Condition: ( poor, good, excellent ) \_\_\_\_\_

Does this child have any of the following? Please check

Asthma:  Diabetes:  Migraine Headaches:

Hearing problems:  Vision Problems:  Contact lenses:

Stomach problems:

Allergies:

Epilepsy:  Heart Conditions:

Other: \_\_\_\_\_

Briefly explain above condition (s)

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Has your child had any surgeries? Yes  No

If 'yes', briefly explain any surgeries \_\_\_\_\_

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Does your child take medication? Yes  No

Explain briefly any medications the child is taking regularly and the prescribed dosage.

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Has your child been receiving medical attention in the past year, before coming to Canada?

Yes  No

Please explain if the answer is "yes".

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Is your child able to participate in a full physical education program? Yes  No

If no, please explain why: \_\_\_\_\_

Does your child smoke? Yes  No   
(homestay may **not** be able to be found)

If your child wears glasses or contacts, please send a copy of the translated prescription.

**If your child takes medication, please send a copy of the translated prescription with the instructions.**

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(Parent's Signature)

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(Print Name)

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(Date)