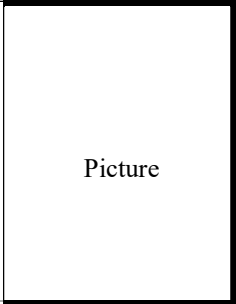




# MEDICAL FORM 2025-2026

## Mandatory documents:

- Copy of an update vaccination card (required for first admission and updated in case of new vaccination)
- This health form is filled, signed and stamped by a doctor for first registration and signed also by parents



**Last name:**

**First name:**

**Date of birth:**

**Grade:**

1. Father/ Guardian name: ..... Phone number:.....
2. Mother/ Guardian name: ..... Phone number:.....
3. Emergency phone number (name of the person).....

**YOU HAVE TO PROVIDE THE NURSE WITH THE PHYSICIAN STATEMENT IF THERE IS A TREATMENT TO BE TAKEN AT SCHOOL.**

4. Previous or chronic illness :  
 Asthma  Yes  No      Diabetes  Yes  No      If other illness, name: .....  
 Treatment .....      Treatment .....      Treatment .....

5. Surgical intervention since birth- Name and specify with dates: .....

6. Past history of epilepsy:  Yes  No  
 If yes, specify previous treatment and the age of first seizure:.....

7. Allergy(ies):  Yes  No  
 If yes, what type of allergy(ies) : Food  Medication  Other   
 Other, specify :.....

**Important** – you have to contact the school nurse in case of allergy and provide a medical certificate

8. Has your child ever seen a **psychologist** ?  Yes  No  
 If yes, bring a detailed report from the psychologist
9. Has your child ever seen a **physiotherapist** ?  Yes  No
10. Has your child ever seen a **speech therapist** ?  Yes  No  
 If yes, bring a detailed report from the speech therapist
11. **Hearing problems :**  Yes  No      Hearing aid ?  Yes  No
12. **Vision problems?**  Yes  No  
 If yes, specify (provide a medical report).....
13. **Corrective lenses ?**  Yes  No
14. **Your child is fit for curricular and extra-curricular sports activities.**  Yes  No

### AUTHORIZATION

- I authorize the school nurse who has a medical license to administer to my child the drugs required by his health problem.
- I authorize the school administration to take the necessary measures in an emergency and to have my child transported to the nearest doctor or hospital if it is impossible to reach us.
- I authorize the school nurse to communicate the information listed above, as needed, to school personnel who may have to intervene in an emergency situation with the student.

**For the Re-enrollment – in case you select “NO”, the « Medical certificate of suitability for physical activity » must be completed and signed by a doctor**

The persons responsible for the child hereby confirm that the informations above are true and that the vaccination card is up to date with all mandatory vaccines in Qatar.

**It is the parent's responsibility to update us any changes in the medical condition of their child.  
 (In case of new vaccines, you have to hand over a copy of the up to date vaccination card to the school nurse)**

*PARENTS or GUARDIANS SIGNATURE*

*DOCTOR'S SIGNATURE AND STAMP  
 (Mandatory only for new students)*