



GENESIS GLOBAL SCHOOL

A-12, Sector-132, Expressway Noida -201304, U.P., India

Telephone: +91 0120-6516655, 6516664

FAMILY AND MEDICAL HISTORY OF THE STUDENTS

Student Name: _____ Father's Name _____

Class: _____ Section _____ Weight _____ Height _____

Has your Child ever suffered from?

- 1) Asthma.....
- 2) Allergic Problem
- 3) Bleeding Disorder.....
- 4) Diabetes.....
- 5) Epilepsy/ Convulsions.....
- 6) Migraine/ Headache.....
- 7) Heart Problem.....
- 8) Eye Problem.....
- 9) Ankle/ Knee/ Joint Problem.....
- 10) Have your child been hospitalized within last 3 years. If yes for which ailment
.....
- 11) Does your child wear contact lenses/ glasses.....
- 12) Is your child taking any medication.....
- 13) For boarding students only- Medications must be handed to the Hostel
Administrator/Medical officer by parents/Guardian. No student is permitted to self

medicate unless staff is aware of the chronic condition for which a doctor's report has been submitted.

14) Blood group of child.....

15) CAN YOUR CHILD RECEIVE THE FOLLOWING MEDICATIONS IF MEDICAL STAFF IS UNABLE TO CONTACT YOU?

Paracetamol_____ Anti- histamine_____

Antacids_____ Common cold preparations_____

Non- steroidal anti-inflammatory_____

16) History of Immunization

Please state the date of your child's last vaccination for

_____Diphtheria _____Tetanus _____Polio

_____Pertussis _____Influenza _____Rabies

_____Mumps/Measles _____Hepatitis A _____Hepatitis B

_____Varicella (Chicken Pox) _____Tuberculosis _____Encephalitis

_____Meningococcal