

HEALTH RECORD

(This report will be treated strictly in confidence)

Has he/she suffered from any of the following ILLNESSES? Please tick and include dates.

- ❖ Measles
- ❖ Chicken pox
- ❖ Whooping cough
- ❖ Rubella
- ❖ Typhoid

Please tick the **INNOCULATIONS** already given to the child with dates.

- ❖ Small pox
- ❖ Measles
- ❖ Polio
- ❖ Tetanus
- ❖ BCG

Has the child been given any other vaccination apart from the ones stated above? Yes No

if yes, please state type

Has he/she been admitted in the hospital for any illness? Yes No

If yes, state year of admission kind of illness

Duration of admission

Has he/she ever undergone any surgical operation? Yes No

If yes, state year Type of operation

Please attach surgical report.

Any respiratory infection? Yes No

Any eye problem? Yes No

Any ear, nose or throat problem? Yes No

Any other infirmity or allergy? Yes No

PARENT'S SIGNATURE & DATE _____