

# AFRICA INTERNATIONAL COLLEGE AND AFRICA COMMUNITY SCHOOL, ABUJA

Moto: Knowledge in the fear of God

## Medical Information Form

### Student Information

The School requires up to date health records for all students. You are required to complete this form and return same on or before resumption date. The information provided will assist the School in dealing with any emergency or health problems should they arise while the student is in school.

### Personal data

1. Last Name:.....First Name:.....Male:.....Female:.....
2. Date of Birth:.....Nationality:.....Religion:.....
3. Family Doctor's Name:.....
4. Clinic/Hospital:.....Phone:.....

### Parent Information

5. a. Full Names
- b. Business Phone Nos.
- c. Mobile Phone Nos.
- d.(i) In case of Emergency the person to contact  
if the school is unable to contact the Parent/Guardian
- (ii) Relationship to student

Father's	Mother's

### Medical History

(To be completed by parent)

6. a. Has your child been in good health in the past 3 years? Yes/No

If No explain:

.....  
.....

.....

**Tick appropriate box (Yes/No)**

<b>S/N</b>	<b>Health condition</b>	<b>Yes</b>	<b>No</b>
b.	Has your child had any of the following in the past 2 years? Illness lasting more than 3 days Seizures/Convulsion		
c.	Severe injury/accident		
d.	Fractures or broken bones		
e.	Hospitalizations		
f.	Problems with eyes or vision		
g.	Excessive bleeding when cut		
h.	Nose bleeding		
i.	Physical restrictions due to heart problems		
j.	Asthma or breathing problems		
k.	Allergies		
l.	Kidney/bladder infection		
m.	Sickle cell anemia		
n.	Diabetes		
o.	Any other peculiar health problem		

If yes to any of the above please explain

.....

.....

**Current Health Status**

7. Genotype:..... Blood Group:.....

8. a. Is your child currently under the care of a Physician/Clinic? (Yes/No)

b. Are there any special health problems of which the College should be aware of? Are any extreme treatments required or in progress?

.....

- c. Is there any reason why the student should not participate in the full Physical Education Program?.....  
If Yes, please explain.....

9. **Parent's Name & Signature:**.....**Signature:**..... **Date:**.....

**MEDICAL OFFICER'S CERTIFICATE OF FITNESS**

10. I have examined.....and hereby confirm that the information contained in this form is correct. In my professional opinion, the student is fit and able to cope in a boarding school and hereby certify his medical status to be satisfactory. He/She being admitted into Africa Community School and staying in the boarding facilities will not constitute any health risk to other students.

**Full Name:**.....**Signature:**.....**Date:**.....

**Official Stamp**