BAES
BANJUL AMERICAN EMBASSY SCHOOL

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Student Medical History Report

(To be filled out by parents)

Student Name_____ Birthdate _____
(Family name, First name) *(Month/day/year)*

In the last year has your child suffered from any of the following:

Medical History	Yes	No
Skin Problems		
Fractures		
Burns		
Surgery		
Hospital admission		
Infectious Disease		
Fever		
Asthma		
Food Allergies		
Allergies to Medication		
Tuberculosis		

Medial History	Yes	No
Neurological Disease		
Epilepsy		
Head Injury		
Eye or Ear Production		
Abdominal Complaints		
Kidney or Urinary tract problems		
Genital abnormalities		
Menstrual problems		
Diabetes		
Heart disease		
Vaccinations up to date		
Other		

Please provide documentation or explanation for any items marked “yes” above.

_____
_____
_____
_____

Current medications (name, dosage, frequency and treatment length).

_____
_____
_____

Physical Activity

Participate in competitive sports?	Yes/No	REMARKS _____
Participate in physical education classes?	Yes/No	
Any physical limitations?	Yes/No	_____
Any special assistance needed?	Yes/No	
		_____

I understand that the school may require a physician’s report if any problems are indicated above or observed during the school year. I certify that all the above information is complete, true and accurate to the best of my knowledge.

_____ _____ _____
Parent name *Parent Signature* *Date*