

MEDICAL FORM 2013 APPLICATIONS



Attached is the medical form that needs to be completed for all applicants.

The first page must be completed by the parent or guardian and the second page by a medical practitioner.

The purpose of the form is not to exclude any child from being considered for a scholarship, but to assist with selecting the best school for your child and to identify any conditions which might affect their ability to cope, and to minimise disruption to their education, if they do go to boarding school.



MEDICAL FORM APPLICATION

Applicant Name: _____ Date of Birth: _____
 Address: _____ Home Ph: () _____
 Suburb: _____ State _____ Post Code: _____ Mobile Ph: () _____
 Medicare No: _____ Card Ref No: _____ Card Expiry Date: _____
 Health Care Card Number: _____ Number: _____
 Family Doctor: _____ Phone No. () _____

Has your child suffered from any of the following (if so, give details):

1. Serious fractures, dislocations, sports injuries, back problems Yes / No _____
2. Diabetes Yes / No _____
3. Epilepsy, Seizures or Blackouts Yes / No _____
4. Headaches / Nose Bleeds Yes / No _____
5. Heart Problems Yes / No _____
6. Blood pressure problems Yes / No _____
7. Asthma (provide treatment details) Yes / No _____
8. Ear / Sinus Problems e.g. sticky ear Yes / No _____
9. Hearing Problems Yes / No _____
10. Skin conditions (e.g. scabies) Yes / No _____
11. Scalp conditions (e.g head lice) Yes / No _____
12. Anxiety, fears or phobias Yes / No _____
13. Emotional problems (please detail) Yes / No _____
14. Does your child A. Wet the bed? Yes / No B. Sleepwalk Yes / No
15. Has your child had any surgical operations? (Dates/details) _____
16. Does your child wear glasses or contacts? Yes / No Date of last visit to Optometrist _____
17. Has your child had a hearing test? Yes/No (date/details) _____
18. When was the last time your child visited the dentist? (date/details) _____

19. Is it necessary for your child to take any medication? Yes / No
 Medication: _____ Dosage: _____ Frequency: _____ Supervision Required _____
20. Is there any other medical condition or information we should be aware of should your child be granted a scholarship and live away from home? _____
21. What allergies does your child have? _____

Parent or Guardian Name/ Signature: _____ Date: _____



**THIS PAGE MUST BE COMPLETED BY AND SIGNED BY
A MEDICAL PROFESSIONAL**

Family Doctor: _____ Phone No. () _____

Applicant Name: _____ Date of Birth: _____

Medicare No: _____ Card Ref No: _____ Card Expiry Date: _____

Health Care Card Number: _____ Number: _____

Height _____ Weight _____

Immunisation Record - type and dates _____

Tetanus Shot/Booster Date _____

Has the applicant had the following tests?

	Test	Date	Results
• Pathology:	Blood	Yes/No	_____
	Urine	Yes/No	_____
• Hearing	Yes/No	_____	_____
• Vision	Yes/No	_____	_____
• Dental Check	Yes/No	_____	_____

Has the applicant been diagnosed and/or treated for any of the following conditions? If so please provide details:

1. Musculo-skeletal problems _____
2. Respiratory disease _____
3. Cardiovascular problems _____
4. Skin disease _____
5. Renal disease (incl urinary tract infection) _____
6. Diabetes _____
7. Psychological problems _____

Is there any other information you feel would be relevant to pass on to a school nurse, doctor or other medical professional who might care for the applicant while he/she is at boarding school? _____

I confirm that I have completed this form with the applicant and their parent/guardian and that all information contained in this form is true and correct.			
NAME: _____			
POSITION: (please circle)	DOCTOR	REGISTERED NURSE	CLINIC NURSE
SIGNATURE: _____			Date _____