

Student Medical Form

Dear parent or Guardian of the student

Please fill the attached form accurately in order to protect your son or daughter's health. If the answer is yes, please write the date and details in comments cell. Accuracy is needed for us to be able to follow their health status.

Best wishes for good health and wellness

Click on box to add photo

School Information		
School Name:	Grade:	Class:

Student Information		
Student Full name:	Gender:	
Date of Birth:	Nationality:	
Parent or Legal Guardian Name:	Relationship:	
Mobile Phone Number (1):	Mobile Phone Number (2):	
E-mail:	Emirate:	
In case of Emergency and not being able to reach parents, the following person can be contacted:		
Name:	Relationship:	Mobile Phone Number:

Required attachments			
Student Emirates ID	Yes	No	ID Number:
Student Passport Copy	Yes	No	
Original Vaccination card or updated colored copy (authorized)	Yes	No	
Health card number (if any)	Yes	No	Health card number:
Health Insurance (If any)	Yes	No	Health Insurance Card Number:

Medical History of the student				
Is there any health problem, out of the following? If the answer is yes, please state the problem type and date in comments cell				
Health Problem		Yes	No	Comments
1	Any allergy to drug, food, dust...			
2	Cardiovascular problem			
3	Diabetes			
4	Hypertension			

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5	Asthma			
6	Renal Problem			
7	Epilepsy seizures or convulsion seizures			
8	Epistaxis			
9	Hemolytic Anemia, Type G6PD			
10	Hereditary Blood Disease (e.g. Thalassemia, Sickle cell anemia, Hemophilia). Please specify if any			
11	Skin problem			
12	Eye Problem (Myopia, Hyperopia,) Please specify if any			
13	Hearing problem			
14	Any case that may weaken Immunity system such as Cancer (Blood cancer, Lymphoma), or transplantation, please specify any			
15	One of the following diseases: (Mumps, Measles, Diphtheria, pertussis, chickenpox, Tuberculosis), Please specify if any			
16	Viral Hepatitis			
17	Poliomyelitis (Infantile Paralysis Infection)			
18	Mental of Behavioral Problem, please specify if any			
19	Any other problem or disease not mentioned here, please specify if any			
20	Is there a previous exposure to any accident?			
21	Is there any previous hospitalization? Please mention the cause if any			
22	Is there any previous exposure to surgery? please mention the cause if any			
23	Is there any previous blood, antibodies or plasma transfusion?			
24	Was there a need to use any medical aid device? please specify if any			

If the student Suffer from one of the health problems mentioned or not mentioned above, please answer the following questions

Drugs or Treatments taken continuously

Drug Name:

Dosage:

Emergency Drugs

Drug Name:

Dosage:

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Specific instructions of the treating doctor regarding nutrition

Specific instructions of the treating doctor regarding exercise and physical activity

Specific instructions of the treating doctor to school nurse to be applies during school day

Family Health History

Health Problem	Yes	No	Comments
1 Hypertension			
2 Diabetes			
3 Tuberculosis			
4 Mental disorder			
5 Stroke			
6 Others, Specify			

Parent or Guardian approval and verification for the above-mentioned information

Name of parent or Legal Guardian:

Relationship:

Signature of the parent or legal guardian:

Date:

Notes

- The parent or legal guardian of the student should fill this form; He or she is responsible for the above-mentioned information.
- Medical report about the health problem should be attached.
- Parents and legal guardians are responsible for informing school nurse about any change that occur in health status of the student. They should provide the school nurse with required reports needed to be added the student health file.

Please contact school nurse or doctor if there are any further queries.

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Parents / Guardians Information

	Father	Mother	Guardian
Name			
Date of Birth			
Nationality			
Emirates ID			
Occupation			
Education Level			
Contact Number			
Email ID			

Address and Contact Information

Emirate		Area	
Road		Building	
Flat / Villa No.		Home Telephone No.	

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MEDICAL CONSENT

Important

Name of Student:

Grade:

CONSENT FOR MEDICATION

The school has permission to give my child over-the-counter medicines should it be considered necessary by the school nurse. These medicines are not readily given, but after careful deliberation

Yes

No

EMERGENCY TREATMENT

The school nurse will attempt to contact you should an emergency arise.

In the event parents cannot be contacted, I authorize and empower the Dubai American Academy Nurse or a school administrator to make any and all decisions concerning the medical and/or surgical care of the child, which may include taking the child to a doctor or hospital for emergency treatment.

Yes

No

SCHOOL MEDICAL

The UAE Department of Health and Medical Services requires that all students in both private and public school entering grades 1,4,7,10 and KG1, as well as any students new to Dubai schools have a clear Medical of Health examination filed in the School Nurse's Office. That examination can be done by the doctor of your choice.

Our licensed school doctor will conduct school medicals throughout the year. **Should you wish to arrange a physical with your own private physician, a written report must be provided to the school Health Office**

I consent to my child having a school medical, conducted by the school doctor, during the above-specified grades or upon school entry.

Yes

No

Printed Parent name:

Date

Parent Signature:

ONCE COMPLETED, PLEASE SAVE and EMAIL THE FORMS DIRECTLY TO OUR HEALTH OFFICE at healthoffice_daa@gemsedu.com