



HEALTH RECORD

Please complete in full, with dates, and return at your earliest convenience.

CHILD'S SURNAME:

CHILD'S FIRST NAMES:.....

DATE OF BIRTH OF CHILD:.....CHILD'S GENDER: (M/F):.....

PARENT'S/GUARDIAN'S SURNAME:

PARENT'S/GUARDIAN'S FIRST NAMES:.....

E-MAIL ADDRESS:.....

Telephone No: Cell.....

MEDICAL AID SOCIETY:.....Scheme No:.....Suffix:.....

Name of Principal Member: (Mother or Father).....

ANY OTHER MEDICAL AID COVER: (Please give details).....

1. Tick the diseases your child has had:

Measles		German Measles		Bilharzia		Scarlet Fever	
Chicken Pox		Rhematic Fever		Diphtheria		Enteric Fever	
Mumps		Whooping Cough		Malaria		Jaundice/Hepatitis	

2. What other illnesses has he/she had?.....

3. What operations has he/she had?.....

4. Tick any of the following which he/she has suffered and if there is a family history, put an "F".

Asthma		Hay Fever		Diabetes		Migraine	
Bronchitis		Epilepsy		Eczema		Heart Defect	

5. Has he/she had any allergies eg: penicillin, bee stings, certain foods, etc?.....

6. If child has been immunised against the following diseases, PLEASE SUPPLY DATES:

Poliomyelitis..... Cholera.....

Diphtheria..... TB/BCG.....

Typhoid..... Measles.....

Mumps..... Rubella.....

Tetanus.....

