



Amman-Baccalaureate School
Clinic
Updated Student Medical Record

Student name: _____ Grade _____

Date and place of birth: _____

Name of the parent: _____

Address: _____ Telephone _____

Business Address and Telephone: _____

Please check "yes" or "no">If yes, specify recommendations below.

1-Is the student subject to conditions which might make for classroom **emergencies**
(circle which)

Cardiac epilepsy fainting diabetes asthma others

2- the student **presently** under medical care or routinely taking medication prescribed by a doctor? If yes, please give details:

3-Is there any reason to **limit** the student's participation in playground activities or physical education classes?

4- Is there any mental, emotional or physical condition for which the student should remain under periodic medical observation?

5-Does the student suffer from any kind of **allergy?**

6-Update of vaccination record since last year:

Date	Vaccination

Parent's name: _____ Date: _____