



LITTLE BEENS EDUCARE CENTRE

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MEDICAL HISTORY - 2012

(One per child)

Child's surname: _____

First name/s: _____

1. Does your child suffer from (tick where applicable):

Diabetes _____

Epilepsy _____

Asthma _____

Anemia _____

Haemophilia _____

State any other: _____

2. Has your child had any of the following sicknesses (tick where applicable):

Chicken pox _____

Measles _____

German measles _____

Mumps _____

State any other: _____

3. State any allergies _____

4. Does your child have any:

- behaviour problems? _____

- speech, sight or hearing problems? _____

- physical problems? _____

5. Any other comments not dealt with above _____

Signature of Parent/Guardian _____ Date: _____