WE ARE A



MEDICAL FORM 2024-2025

Mandatory documents:

Copy of and upd

This hea registra

Lycée Franco-Qatarien Voltaire

٦	Copy of an update vaccination card (required for first admission
	and updated in case of new vaccination)

This health form is filled, signed and stamped by a doctor for first registration and signed also by parents

Picture

7. Father/ Guardian name: Phone number: Phon	Last name:					First name:				
2. Mother/ Guardian name: Phone number Phone number Phone number Phone number Phone number Phone number Phone number (name of the person) Previous or chronic illness : Ashtma	Date of birth:					Grade:				
3. Emergency phone number (name of the person)	1.	Father/ Guardian name:				Phone number	••••••			
VOU HAVE TO PROVIDE THE NURSE WITH THE PHYSICIAN STATEMENT IF THERE IS A TREATMENT TO BE TAKEN AT SCHOOL. 4. Previous or chronic illness: Ashma	2.	Mother/ Guardian name:				Phone number	•			
Asthma Yes No Diabetes Yes No If other illness, name:	3.	Emergency phone number (nam	ne of the person)						
Asthma Yes No Diabetes Yes No If other illness, name:		YOU HAVE TO PROVIDE TH	IE NURSE WI	TH THE PHYSI	ICIAN STATEMI	ENT IF THERE IS	A TREATMEN	T TO BE TAK	EN AT SCHOOL.	
Treatment Treatm	4.	Previous or chronic illness :								
5. Surgical intervention since birth- Name and specify with dates: Past history of epilepsy:		Asthma □ Yes □ No		Diabetes	□ Yes	□ No	If other illness,	name:		
5. Surgical intervention since birth- Name and specify with dates: 6. Past history of epilepsy:		Treatment		Treatment		Treatment				
Past history of epilepsy:	5.									
If yes, specify previous treatment and the age of first seizure:										
If yes, what type of allergy(ies): Food	6.		nt and the age							
Important - you' have to contact the school nurse in case of allergy and provide a medical certificate 8. Has your child ever seen a psychologist?	7.	Allergy(ies): ☐ Yes If yes, what type of allergy(ies):	□ No Food □		Medication	□ Other				
If yes, bring a detailed report from the psychologist 9. Has your child ever seen a physiotherapist?	Impor									
If yes, bring a detailed report from the psychologist 9. Has your child ever seen a physiotherapist?		Has your shild ayon soon a navah	ologist 2			E Vac	□ No			
9. Has your child ever seen a physiotherapist?	0.		_	ist		□ 1es	□ 100			
If yes, bring a detailed report from the speech therapist 11. Hearing problems:	9.					□ Yes	□ No			
11. Hearing problems:	10.	Has your child ever seen a speech	therapist ?			□ Yes	□ No			
12. Vision problems?		If yes, bring a detailed report from	n the speech the	rapist						
If yes, specify (provide a medical report)	11.	Hearing problems:	□ Yes	□ No	Hearing aid?	□ Yes	□ No			
13. Corrective lenses?	12.	Vision problems?	□ Yes	□ No						
14. Your child is fit for curricular and extra-curricular sports activities. UTHORIZATION I authorize the school nurse who has a medical license to administer to my child the drugs required by his health problem. I authorize the school administration to take the necessary measures in an emergency and to have my child transported to the nearest doctor or hospital if it is impossible to ach us.		If yes, specify (provide a medical	report)							
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authorize the school nurse to communicate the information listed above, as needed, to school personnel who may have to intervene in an emergency situation with the students.	ach us.									
	I autho	rize the school nurse to communica	te the informatio	on listed above. as	s needed, to school	personnel who may	have to intervene	e in an emergenc	y situation with the stude	

For the Re-enrollment – in case you select "NO", the « Medical certificate of suitability for physical activity » must be completed and signed by a doctor

The persons responsible for the child hereby confirm that the informations above are true and that the vacci- nation card is up to date with all mandatory vaccines in Oatar.

It is the parent's responsibility to update us any changes in the medical condition of their child.

(In case of new vaccines, you have to hand over a copy of the up to date vaccination card to the school nurse)