

## MEDICAL FORM 2021-2022

### Copy of the vaccination card

The health form filled and stamped by doctor  
The medical certificate filled and stamped by  
Doctor and it is mandatory for every academic  
Year

Picture

Last name:

First name:

Date of birth:

Grade:

1. Father/ Guardian name: ..... Phone number:.....  
2. Mother/ Guardian name:..... Phone number:.....  
3. Emergency phone number (name of the person).....

YOU HAVE TO PROVIDE THE NURSE WITH THE PHYSICIAN STATEMENT IF THERE IS A TREATMENT TO BE TAKEN AT SCHOOL.

4. Previous or chronic illness :  
Asthma  Yes  No Diabetes  Yes  No If other illness, name: .....  
Treatment ..... Treatment ..... Treatment .....  
Insulin pump  Yes  No  
5. Surgical intervention since birth- Name and specify with dates:  
.....  
6. Past history of epilepsy:  Yes  No  
If yes, specify previous treatment and the age of first seizure:.....  
7. Allergy(ies):  Yes  No Medication  Other   
If yes, what type of allergy(ies) : Food  Other, specify : .....

**Important – you have to contact the school nurse in case of allergy and provide a medical certificate with the epipen injection in case of medical prescription .**

8. Has your child ever seen a psychologist ?  Yes  No  
If yes, bring a detailed report from the psychologist  
9. Has your child ever seen a psychomotor therapist ?  Yes  No  
If yes, bring a detailed report from the psychomotor therapist  
10. Has your child ever seen a speech therapist?  Yes  No  
If yes, bring a detailed report from the speech therapist  
11. Hearing problems:  Yes  No Hearing aid ?  Yes  No  
If yes, specify (provide a medical report).....  
12. Vision problems?  Yes  No  
If yes, specify (provide a medical report).....  
13. Corrective lenses?  Yes  No  
14. Your child is fit for curricular and extra-curricular sports activities.  Yes  No  
NB: the medical certificate for physical activity is mandatory for every academic year and should be filled and stamped by the doctor.

#### AUTHORIZATION (This part should be filled by parents only)

- 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 reach us.  
 I 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 student

The persons responsible for the child hereby confirm that the information's above are true and that the vaccination card is up to date with all mandatory vaccines in Qatar. (In case of new vaccines, you have to hand over a copy of the up to date vaccination card to the school nurse)

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

PARENTS or GUARDIANS SIGNATURE

DOCTOR'S SIGNATURE AND STAMP

**MEDICAL CERTIFICATE OF SUITABILITY FOR PHYSICAL ACTIVITY**  
**2021 - 2022**

Mandatory for all children starting from the Pre-KG (PS – أولى روضة)

I, the undersigned:

Doctor's name: \_\_\_\_\_

Name of Health Center: \_\_\_\_\_

Certify that I have examined the child (Name): \_\_\_\_\_

Date of birth: \_\_\_\_\_

**(strike out inapplicable statement)**

And

- I had not noticed at the date of this day any apparent clinical signs contraindicating sport practice.

Or

- I had noticed that the child has signs contraindicating sport practice, which are:

.....  
.....  
.....

In this case, indicate what the **student MAY DO** in the context of a physical practice:

- FONCTIONS :

walk /  run /  jump /  carry /  swim

Specify: .....

- KIND OF EFFORT :

Intense and brief /  extended (Limited time to: .....) )

Issued at ....., on (date).....

Signature and stamp of the doctor