



## Escola Oficial Zheng Guanying

2020/2021 Information about students' health conditions (School year 2020/2021)

**This form must be filled by student's parents or their guardian.**

Name : \_\_\_\_\_ Gender : \_\_\_\_\_ Class : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Tel : \_\_\_\_\_

Address : \_\_\_\_\_

It is important for the school to have information about your child's health conditions. This information is handfull for the arrangement of Physical education and to prevent accidents. Please answer the following questions and supply detailed information when necessary.

Item:	Please use "X"		Details
	Yes	No	
1. Did your child stay in hospital in the past for medical check-up, treatment or surgery? If yes, please give details.			
2. Is your child taking any medical treatment or medicine currently? If yes, please answer question "a"			
a. Does your child need to follow any medical treatment or take medicine in the long term?			
3. Did your child have any blood transfusion?			
4. Does your child have any history or symptoms of the following?			
a. Congenitaly Cardiopathy			
b. Congenitaly Angiopathy			
c. Irregular heartbeat			
d. Heart murmur or heart disorder			
e. Chest pain – especially during hard work			
f. Cyanosis – especially during hard work			
g. Hypertension			
h. Always feel dizzy and syncope			
i. Rheumatic fever			
j. Shortness of breath			
k. Lung disorders, such as asthma, emphysema, bronchitis or tachypnoea. If yes, please give detail.			
l. Tuberculosis			
m. Visceral diseases, such as peptic ulcer, intestines, pancreas, gall bladder, liver and kidney. If yes, please give detail.			
n. Enterocele			
o. Jaundice			
p. Diabetes			
q. Endocrinopathy			
r. Convulsions, spasm cramp			
s. Epilepsy			
t. Infantile paralysis			
u. Emotional problems requiring treatment			
v. Difficulty to recover from wounds, arthritis, joint and bone problem			
w. Injury to the head and neck			
x. Injury to the body, such as paralysis, loss of hearing or vison			
y. Cancer or benign tumor			
5. Except for the symptoms mention above, did your child have any serious, chronic, recurrent disease or serious injury? If yes, please give detail.			
6. Does your child have any food allergies? If yes, please specify.			
7. G6PD deficiency			

※Please select the suitable item within the following, and "X" in the

My child is fit for physical education and relevant activities.

My child is not fit for physical education and relevant activities, with medical certification.

Please exempt my child from physical education and relevant activities from to with medical certification. I announce that all the information mention above is the truth as I know.

Signature of parent/guardian

2020/\_\_\_/\_\_\_