Annex 4: Health form

This Health form is composed of two parts: Part 1: Medical opinion on pupil's suitability for participation along with basic medial information and Part 2: Health information form. The Part 1 will be completed and signed by the doctor, printed and transmitted to the sending school in order to confirm the pupil's selection for the participation in the European Schools´ Mobility Programme. Part 2 will be completed by the doctor, signed by parents/guardians and the pupil, two copies will be put in separate sealed envelopes. The pupil will bring them with him or her and it will only be opened by a doctor treating the pupil and when medically necessary during his/her stay at the receiving school, the other envelope stays with the host family which only opens it in cases of serious medical crises when urgent action is needed resp. to hand it over to a doctor.

Part 1: Basic medical information and medical opinion on pupil's participation

Basic medical information

Do you have any disabilities (physical restrictions, impairments) or allergies that will limit placement options or participation in everyday family and/or school activities?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN AND SPECIFY IF ANY AIDS, ADAPTATIONS OR SPECIAL ASSISTANCE WILL BE REQUIRED:

I CANNOT live with:

☐ CATS ☐ DOGS OTHER PETS:

3. Dietary requirements

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

If you are a vegetarian, are you willing to eat:

☐ FISH ☐ POULTRY ☐ DAIRY PRODUCTS

4. Smoking

Do you smoke?

☐ YES ☐ NO

Must you be hosted in a non-smoking home?

☐ YES ☐ NO

5. Other

Are there any other aspects that need to be considered in order to match the pupil with a suitable host family?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

Medical opinion on pupil's participation

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all relevant medical information has been included in the Health form, and that the pupil is able to travel. I understand that the omission of any information could be harmful to the pupil's health care and could result in early termination of the programme.

I consider that, in the light of the pupil's medical and/or psychological history, he/she is / is not (delete whichever does not apply) able to take part in the European School´s students´ mobility programme.

Doctor's Name and Degree		Stamp and Signature	
Contact details (address, phone, e-mail – if applicable):		Date	

Part 2: Health form

The pupil is considering spending between 5 weeks and 6 months in a host school and living with a host family abroad. Incorrect or incomplete information on his/her health could lead to problems while abroad. The form must be completed by the pupil's doctor who is not an immediate relative of the applicant. The pupil's parent(s)/guardian(s) should provide the doctor with all relevant information/documentation on the pupil's medical history. If the answer to any of the questions 3-14 is 'YES', please include or attach detailed information.

This health form will be put in a sealed envelope. The pupil will bring this form with him/her. The envelope can only be opened by a doctor treating the pupil where medically necessary.

Pupil Name:	Home Country:	Date of birth:

1

Height		Weight		Blood Pressure		Pulse		Respiration	

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration? □□Yes □□No

If yes, explain:

3 Tick yes or no. To your knowledge, has the pupil had the diseases/conditions listed below:

	YES	NO		YES	NO
a) Measles	☐	☐	j) Rheumatic Fever	☐☐	☐
b) Mumps	☐☐	☐☐	k) Cough (persistent, recurring)	☐☐	☐
c) Rubella	☐☐	☐☐	l) Headaches (persistent, recurring)	☐☐	☐
d) Chicken Pox	☐☐	☐☐	m) Sleepwalking	☐☐	☐
e) Poliomyelitis	☐☐	☐☐	n) Enuresis	☐☐	☐
f) Hepatitis	☐☐	☐☐	o) Appendicitis	☐☐	☐
g)Tuberculosis	☐☐	☐	p) Parasites (internal)	☐☐	☐
h) STD	☐☐	☐	q) Encephalitis	☐☐	☐
i) FSME	☐☐	☐	r) Scarlet fever	☐☐	☐

If yes, give detailed information and dates (use extra pages if necessary):

4 ACNE □□Yes □□No

If yes, identify area, severity, any medication taken, name, dosage & frequency:

5 ALLERGIES ☐☐Yes ☐☐No

If yes, identify type, any medication taken, name dosage & frequency:

6 ASTHMA ☐☐Yes ☐☐No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

7 DIABETES ☐☐Yes ☐☐No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

8 SEIZURE DISORDER ☐☐Yes ☐☐No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

9 Has the pupil ever had or does today's examination show any disease, impairment or abnormality of:

	YES	NO		YES	NO
a) Abdominal organs, digestive system	☐☐	☐☐	e) Heart blood vessels	☐ ☐	☐
b) Lungs, respiratory system	☐☐	☐☐	f) Tonsils nose or throat	☐ ☐	☐
c) Bones, joints, locomotor system	☐☐	☐☐	g) Blood, endocrine system	☐☐	☐
d) Genito-urinary system	☐☐	☐	h) Eyes/vision, ear/hearing	☐☐	☐

If yes, please explain (use extra pages, if necessary) and specify if any aids, adaptations or special assistance are required:

10 Has the pupil been hospitalised? ☐ ☐Yes ☐☐ No

If yes, give dates, diagnosis and outcome for each incident.

11 Is the pupil currently taking medication or injections (other than those mentioned previously)? ☐☐Yes ☐☐No

If yes, identify the medication, reason for usage, dosage and frequency:

12 Has the pupil EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorders? ☐☐Yes ☐☐No

13 Is there a history of, or present evidence of, an emotional, nervous or eating disorder? ☐☐Yes ☐☐No

If yes to either (12 or 13), a FULL report by the specialist and a statement by the parents about the illness or specific problem must be attached. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the pupil is experiencing current emotional,

physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the programme. Therefore, you are requested to evaluate carefully the pupil's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

14 Are there any health limitations or restrictions on the pupil's activities and / or sports participation or any medical information which should be considered for a home/school placement? □□Yes □□No

If yes, please describe:

15 Does the pupil wear glasses or contact lenses? □□Yes □□No

If yes, please give the lens power:

16
What was the date of the pupil's last dental check up?
Does the pupil wear dental braces? □□Yes □□No
If yes, will orthodontic care be needed while on the programme? □□Yes □□No

Frequency?

17 Pupil has had the following immunisations, if yes, please specify day, month and year (or, if possible, attach a copy of vaccination card):

	NO	YES	DAY/MO/YR		NO	YES	DAY/MO/YR
Measles	☐	☐		Tetanus	☐	☐	
Poliomyelitis	☐	☐		Mumps	☐	☐	
BCG	☐	☐		Rubella	☐	☐	
Hepatitis B	☐	☐		Diphtheria	☐	☐	
Pertussis	☐	☐		Other	☐	☐	

If other, please specify:

18 If the pupil has had the TB Test, please specify the type: Mantoux or Tine (circle one),the date: and the result (+/-):
If positive, was a chest x-ray done? □□Yes □□No Date: Result (+/-)

If yes, please explain (use extra pages, if necessary):

Signatures:

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all important recent medical information has been included in the Health form, that nothing relevant has been omitted, and that the pupil is able to travel. I understand that the omission of any information could be harmful to the pupil's health care and could result in early termination of the programme.

Doctor's Name and Degree		Stamp and Signature	
Contact details (address, phone, e-mail – if applicable):		Date	

I, the undersigned, confirm that the information contained in this health form is correct and complete and that inaccurate or incomplete information could be harmful to the pupil's health care and could result in early termination of the programme. I agree that the envelope containing this form can be disclosed to a doctor treating my child while on the programme where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the host school and the host family. All personal data will be treated as confidential.

Pupil's signature (if he/she is not a minor)	Date
Parent(s)'s/Guardian(s)´s signature(s)	Date