



Confidential Medical Record and Emergency Card

Year of entry

Name: Grade

Family Name

First Name

Date of Birth..... Sex : M F

Contact Information while in Belgium

Address:

Email:

Home phone: GSM:..... Office phone:

Emergency contact to notify if parents are unavailable:

Phone number for emergency contact :

IN CASE OF AN EMERGENCY AND NO PARENT OR GUARDIAN IS OBTAINABLE, THE SCHOOL WILL TAKE ANY ACTION NECESSARY IN THE BEST INTEREST OF THE STUDENT

VACCINATION RECORD Please give dates for the following vaccinations:

Diphtheria						
Tetanus						
Pertussis						
Measles						
Mumps						
Rubella						
Polio						
Chicken Pox						
Hepatitis A						
Hepatitis B						
BCG						
Hib						
Other						

Please note: A BCG vaccination is a vaccination against Tuberculosis. This is not given in North America but it is common in Africa, Asia and parts of Europe and Great Britain

Last TB test date Results

DISEASE HISTORY Has any member of the family had:

TB Heart Disease Epilepsy

Give dates if child has had any of the following:

Chicken Pox..... Polio Convulsions

Scarlet Fever Diphtheria TB.....

Mumps Meningitis Diabetes

Measles Whooping Cough (Pertussis) Rheumatic Fever

Hepatitis Rubella Heart Disease

Pneumonia Other

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