

Student sheet

Please fill it in and send it back. Thank you.

Name of the child: Sex: male/female

Social security number:

Birth weight: Circumstances of birth:

Place of birth: **Date of birth** (dd/mm/yy):/...../.....

Father's name: Profession:

Phone number:

Mother's name: Profession:

Phone number:

Tutelary's name: phone number:

Home address of the child

Permanent address:

Temporary address:

Name of the previous school:

Exact address of the school:

The child's previous infectious diseases and dates

Rubella: Chicken pox: Mumps:

Etc:

Name of other diseases (heart, kidney, etc.) and dates:

Place of hospital stay:

Surgery and date:

Regular examinations and control place:

Caring physician's name:

Drug/medicine sensitivity:

Allergy:

What kind of medicine(s) he/she takes regularly, if any?

Is he/she spectacted or not?

Brother(s)/sister(s) data

| | Name | Date of birth | Health condition |
|----|-------|---------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Please attach the copy of the vaccination book!

MY CHILD HAS NO HIDDEN DISEASE

Date:

.....

Parent's signature

Thank you:

Krasznai Zita
Health visitor