MEDICAL REPORT ON AN APPLICANT FOR A BOARDING PLACE AT THE SWISS INTERNATIONAL SCIENTIFIC SCHOOL DUBAI ('SISD')

Notes

1. **For the applicant (Part A)**

   This medical report may or may not be issued free of charge. If a charge is made the applicant must pay the medical practitioner's fee. SISD accepts no liability to pay for it.

2. **For the Medical Practitioner (Part B)**

   a) This form is to be completed by the General practitioner with whom the applicant has been registered for the last 12 months.

   b) Please tick the answers that apply. Use the right hand margin if you want to add anything or write "see note attached" and use a separate sheet of paper.

   c) Please read Part 2 Medical Legal Considerations before signing completed forms.

Part A – Information about the applicant

Full Name (BLOCK CAPITALS): _____

Address: _____

_____

Date of birth:_____Contact No._____

Name and address of the applicant's present general practitioner or of the medical clinic with which the applicant has been registered for the last 12 months.

Name:_____

Address:_____

Contact No:_____

Consent

Legal Guardian/Parent's Name (BLOCK CAPITALS): _____

Address:_____

Email:_____

Date of birth_____Contact No._____

I, the legal guardian/parent of the above-named applicant hereby consent to SISD receiving reports from the applicant's doctors and specialists about his/her medical condition(s).

Legal Guardian/Parent'sSignature_____

Date_____

Please sign in the presence of the Medical Practitioner who signs the report.

SWISS INTERNATIONAL SCIENTIFIC SCHOOL DUBAI

Part B – MEDICAL REPORT

1. Cardiovascular	YES	NO	NOTES
a) Is there any history of any cardiovascular disease and/or the need of treatment? If "Yes" please specify:	☐	☐	
2. Endocrine System			
a) Is the applicant a diabetic treated by insulin injection?	☐	☐	
b) Is the diabetes stable?	☐	☐	
c) Have there been any hypo-glycaemic episodes?	☐	☐	
3. Epilepsy			
a) Has the applicant suffered any attack of epilepsy since he/she was 5 years old?	☐	☐	
4. Nervous System			
a) Is there any progressive disorder of the nervous system?	☐	☐	
b) Is there any history of one or more transient ischaemic attacks or cerebrovascular accidents?	☐	☐	
c) Is there a history of severe head injury or major craniotomy?	☐	☐	
d) Is there any hearing defect? If "Yes" please specify. _____	☐	☐	
5. Psychiatric Illness			
a) Is there a history of psychosis? If yes please specify	☐	☐	
b) Has the applicant suffered from any mental disorder?	☐	☐	
c) Is the applicant taking psychiatric medication regularly?			
6. Musculoskeletal System			
Has the applicant any deformity, loss of limbs, or physical Disability? If "Yes" please specify.	☐	☐	

Signed: _____ **Name:** _____ **Date:** _____

(BLOCK CAPITALS)

Registered Medical Practitioner

Address: _____

Email: _____ Contact No. _____

Clinic Stamp