Health Information

Student’s personal information

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| --- | --- | --- |
| First name | Surname | |
| Address | | Date of birth |
| Zip code and city | | Mobile number |
| Country of birth | | Arrival year (in Sweden) |
| The student lives with / Name of accommodation | | The guardians have  □ shared custody □ sole custody |
| Do you want an interpreter in case of a school medical appointment? Yes □ No □ | | If yes, which language? |

Guardians contact information

|  |  |
| --- | --- |
| Name of guardian | |
| Language | Phone number |
| e-mail | |
| Name of guardian | |
| Language | Phone number |
| e-mail | |

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| **Student’s health information**  Does your child have any disease? No □ Yes□ If yes, what …..………………………………………………….....  Periodic examination by a doctor No □ Yes□ If yes, what for and where? ..........................................................  Regular medication? No □ Yes□   Sight impairment? No □ Yes□  Hearing impairment? No □ Yes□  Allergies? No □ Yes□  Please specify allergies and symptoms/reactions ……………………………................................................................  Other health issues/problems? No □ Yes□ If yes, please describe……………………………………………….. |
| **Vaccinations**  Has your child received any vaccinations? No □ Yes□  Are there any written vaccination documents? No □ Yes□  Is there anything special you want school health service to know about?   ..........................................................................................................................................................................................  …………………………………………………………………………………………………………………...............  …………………………………………………………………………………………………………………………... |

In order to assess the child’s growth charts, the following information is needed:

Mother’s height, cm\_\_\_\_\_\_\_\_\_\_\_\_ Father’s height, cm\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to send text message when contacting student for calls/reminders Yes □ No □

**Date and signature student and guardian**

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