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

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| 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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