INDIVIDUAL MEDICAL BOOKLET

NAME AND SURNAME :……
DATE OF BIRTH: …… PLACE……..
HEIGH…… WEIGHT…… SEX: ……

I- VACCINATION

Vaccines	yes	no	Last Vaccine date
Yellow fever			
tuberculosis			
V. Diphtheria, Tetanus, Pertussis, Infection due to Haemophilus Influenzae type b, Poliomyelitis			
V. Pneumococcal infections			
V. Hepatitis B			
V. Measles, Rubella			
Others:			

Thanks to present the vaccination card at registration in case of counter indication, present the medical certificate.

II- MEDICALS INFORMATIONS:

1- Allergies:

Asthma: yes ☐ no ☐ medication: yes ☐ no ☐
Digestives: yes ☐ no ☐ other : yes ☐ no ☐
Precise the cause of allergy and management:
……
……
……
……
……

2- Antécédents / particular problems:

a- **Medical:** chronic illness, convulsive crises, dental problem, visual problem etc.…
explain the problem and management:
……
……
……
……

b- surgery: chirurgical intervention, suture etc.…precise the problem and management:……
……
……
……
……

c- Drinking water: forage: ☐ mineral: ☐ other: ☐ precise
……
……

d- **familial antecedents:** diabetes: ☐ high arterials pression: ☐ drepanocytes: ☐ hematite: ☐

3- DOCTOR TO BE CALL:

In urgency cases (another who is not related to school)

Name :……

Phone numbers :……..……

Address and service: ……

I the undersigned, ……
the legal guardian of the child, I declare that the information contained in this form is true and I authorize the school authority of CANADIAN SCHOOL OF YAOUNDE to make use of it. All measure (medication, treatments, hospitalization, surgery intervention) necessary to save the child life.

Done at ……, on the ……

Signature