Manarat School- Kuwait (MSK)

Medical History

Student Name: _____

DOB: _____ **Grade: _____**

Please indicate by checking in each box if there are any of the following health concerns or conditions that the school should be aware of:

	YES	NO
Hearing Problems		
Visual Problems		
Motor Problems		
Allergies		
Heart Disease		
Shunt		
Asthma		
Bleeding Problems		
Diabetes		
Epilepsy		
Eczema or any other skin diseases		
Fainting Spells/Seizures		
Anemia		
Kidney/Renal Disorders		
Gastrointestinal Disorders		

For any “yes” answers please provide details below:

Serious Accidents:

Surgeries / Operations:

Is there any prescribed medication and/or treatment? Yes or No (please circle)
If yes, please indicate below to include dosage, time etc.

The above named student may participate in Physical Education classes and Swimming classes without limitations; Yes or No (please circle)
If No please provide details:

Parent Signature: _____

Date: _____