

Health Questionnaire

Pupil Details			
Surname		First Names	
Preferred Name		Date of Birth (DD/MM/YY)	
Gender		NHS Number (UK residents)	
EHIC/GHIC card number		Nationality	
Medical Insurance	<i>Please input any medical or dental insurance details on page 3.</i>		
Passport Number		Religion	
Country of Birth		Town/City of Birth	
House		School Year	

Emergency Contact			
Boarders, whose families live outside of the UK must give full contact details of the UK Guardian appointed for the pupil. This can be a relative or friend of the age of 25 (preferably living within 1 hour drive of the school) Please be aware the Guardian must be able to collect the pupil from school the same day in the event of infectious illness or serious disciplinary issues. A list of guardian agencies is available from admissions.			
Name		Name	
Relationship to Pupil		Relationship to Pupil	
Address		Address	
Telephone		Telephone	
Mobile		Mobile	
Email		Email	

GP Details	
Name	
Telephone	
Address	

Medical History	
Please list any medical conditions, including any illness, injuries and operations.	
Medical Condition	Date of Diagnosis
Please note if your child suffers from a medical condition, an individual health care plan may be required. Please contact the medical centre for further information, a doctor's letter may be required.	

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Allergies		
<i>Including medication, foods and drinks.</i>		
Type	Reaction	Treatment

Medications			
Drug Name	Reason for Taking	Self-Medicate?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

If your child needs to bring prescribed medication to school, you must provide a letter from the child's doctor to the medical centre, in English, stating the medication, what it is for, and how often it should be taken. Please note **herbal remedies** from your home country are not permitted unless it is prescribed by a doctor with an accompanying letter written in English.

Emotional Wellbeing
<i>Please give further details of conditions including: anxiety, depression, homesickness and other mental health conditions.</i>

Dietary Requirements and Religious Considerations
<i>Please give details below of any special dietary requirements or religious considerations the pupil has/requires.</i>

Sensory
<i>Please give details of any sensory conditions for example eyesight or hearing impairment. E.g. glasses or hearing aids.</i>

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Family History	
<i>Please specify any relevant family medical history.</i>	

Dental	
When was your child's last dental check-up/treatment?	
Does your child have regular dental check-ups?	

Medical/Dental Insurance					
			Policy Provider	Policy Number	Telephone number
Medical	Yes	No			
Dental	Yes	No			

Other Agencies	
<i>Please specify any other agencies that are involved in the care of your child i.e. CAMHS, Social Services, , Speech Therapy etc.</i>	

Consent		
In the event of injury for my son/daughter to be given first aid treatment	Yes	No
For my son/daughter to be given appropriate over the counter medication in accordance with the school Doctor's instructions on usage	Yes	No
For the headteacher, or a person deemed competent by the headteacher, to consent to give emergency treatment to my son/daughter. Please note that Queen's College will endeavour to contact parent/carers, if emergency medical advice or treatment is deemed necessary.	Yes	No
Signature of Parent/Guardian		
Print name		
Date		

Health Questionnaire

Immunisation Records

If you are unsure of the vaccinations your child has had, please contact your Doctor's Surgery who will be able to provide you with this information, Please ensure that your child is up to date with their vaccinations in accordance with the current department of health policy. For Boarders, if further vaccinations are required whilst at School, please let the Medical Centre know.

Age	Vaccine	(Please provide vaccine dates)			
		2 months	3 months	4 months	12 months
At 2, 3 and 4 months	5-in-1 (DTaP/IPV/Hib)				
At 2, 4 and 12 months	Pneumococcal conjugate vaccine (PVC)				
At 2, 3 and 4 months	Rotavirus vaccine				
At 2, 4 and 12 months	Men B vaccine				
At 3, 4 and 12 months	Hib/Men C booster				
At 12 months	MMR vaccine (Measles, Mumps and Rubella)				

Age	Vaccine	(Please provide vaccine dates)		
		2 Years	3 Years	4 Years
At 2, 3 and 4 years	Influenza (annual)			
At 3 years, 4 months or soon after	4-in-1 (DTaP/IPV) – pre-school booster			
At 3 years, 4 months or soon after	MMR vaccine (Measles, Mumps and Rubella) – 2 nd dose			

Age	Vaccine	(Please provide vaccine dates)	
		HPV 1	HPV2
Girls 12-13 years	Human Papillomavirus (HPV vaccine)		
		(Please provide vaccine dates)	
Age	Vaccine		
13-18 years old	3-in-1 (Td/IPV) – teenage booster		
13-18 years old	Men ACWY vaccine		

Travel Vaccines

Vaccine	(Please provide vaccine dates)
Typhoid	
Hepatitis A	
Hepatitis B	
Mengivac	
Yellow Fever	
Cholera	
Malaria	

Additional Vaccinations

Please list any additional vaccinations (and the dates received) the pupils has had.

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