

**DELIA MEMORIAL SCHOOL (BROADWAY)**

Notice to Parents / Guardians

**Return Form on Health Condition of Pupil**

This form is to be completed by the parents / guardians of the pupil.

Name of pupil : \_\_\_\_\_ Sex : \_\_\_\_\_

Class : \_\_\_\_\_ ( ) Date of Birth : \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

1. If the pupil has ever had the following medical condition(s), please mark "✓" in the appropriate box and specify details.

✓	Disease	Age Detected	Details of Disease
	G6PD deficiency		
	Bronchial asthma		
	Epilepsy		
	Fits due to fever		
	Kidney disease		
	Heart disease		
	Diabetes mellitus		
	Hearing defect		
	Haemophilia		
	Anaemia		
	Other blood disease		
	Allergy to drugs		
	Allergy to vaccines		
	Allergy to food		
	Other allergies		
	Tuberculosis		
	Minor operation		
	Major operation		
	Others		

2. If the pupil is considered not suitable for participation in P.E. lessons or any other type of school activities, please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and submit a medical certificate for school's reference.

3. Any other remarks:

\_\_\_\_\_

\_\_\_\_\_

4. I hereby \*agree / disagree with my child / ward, to participate P.E. lessons, Sports Days and other sports activities.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent / Guardian

\* Delete where inappropriate

## 地利亞修女紀念學校（百老匯）

家長通告

學童健康狀況調查表

本表須由學生家長/監護人填寫。

學 生 姓 名：\_\_\_\_\_ 性 別：\_\_\_\_\_

班 級：\_\_\_\_\_ ( ) 出生日期：\_\_\_\_\_

家長/監護人姓名：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

1. 如學生曾患有以下疾病，請在適當的方格內註明「✓」記號及列出詳情：

✓	疾 病	患病時年齡	疾 病 資 料
	六磷酸葡萄糖脫氫酵素缺乏症		
	哮喘		
	羊癇		
	高熱引致抽搐		
	腎病		
	心臟病		
	糖尿病		
	聽覺不健全		
	血友病		
	貧血		
	其他血病		
	藥物敏感		
	疫苗敏感		
	食物敏感		
	其他敏感		
	肺結核		
	小手術		
	大手術		
	其他		

2. 倘認為學生不適宜上體育課或參加任何其他類型的學校活動，請具體說明：

\_\_\_\_\_

\_\_\_\_\_

此外，請提交醫生證明書供校方參考。

3. 其他補充資料：

\_\_\_\_\_

\_\_\_\_\_

4. 本人\*同意/不同意 敝子弟參加校內的體育課、校運會及其它體育活動。

日期

\*請將不適用者刪去

家長/監護人簽署