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 no: _____

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 the school's reference.

3. Any other remarks:

   _____

   _____

4. I hereby *agree/disagree with my child/ward to participate in 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 家長/監護人簽署

*請將不適用者刪去