Sri Pelita School
Jalan Cengai, Tanjung Bungah
11200 Penang, Malaysia
Phone: (604) 8906277 / 8996277
Fax: (604) / 8906722
Email: spelita7@streamyx.com
www.sripelita.edu.my

Sri Pelita • faith • hope • charity •

Health Form

Student's Full Name : ____ Preferred Name : ________________
(as appears on birth cert / passport)

Birth Date : ________________ Year : ______________________ ☐ Male ☐ Female
(dd/mm/yy) (eg. Kindergarten, K5, F3)

1. Is the student presently under a physician's care for any reason? ☐ Yes ☐ No
   If yes, please explain : ____

2. Does the student have any history of the following CONDITIONS? (please tick appropiate boxes)
   ☐ Epilepsy ☐ Asthma ☐ Diabetes ☐ Heart Problems
   ☐ Hepatitis ☐ Others (please specify) :____

3. Is the student currently taking any prescribed medication? ☐ Yes ☐ No
   If yes, please specify : ____
   Instructions for medication : ____

4. Does the student have a history of emotional / behavioral problems? ☐ Yes ☐ No
   If yes, please explain : ____

5. Does the student have any drug or food allergies? ☐ Yes ☐ No
   If yes, please specify : ____

6. Is the student allergic to bee stings? ☐ Yes ☐ No
   If yes, explain reaction : ____

7. Does the student have any physical or audio/visual impairments? ☐ Yes ☐ No
   If yes, please specify : ____

8. Does the student have any problem that limits his/her participation in atheletics? ☐ Yes ☐ No
   If yes, please explain : ____

9. Please list childhood diseases (e.g. chicken pox, measles etc.) : ______________________________
   ____

10. Blood Type (if known) : ____________________

Immunization Record	Date dd/mm/yy	Date dd/mm/yy	Date dd/mm/yy	Date dd/mm/yy	Date dd/mm/yy
Diptheria Tetanus Pertussis					
Polio					
Measles/Mumps/Rubella					
BCG Skin Test (TB)					
Hepatitis B					
Hepatitis A					
Japanese Encephalitis					
Typhoid					
Chicken Pox					
Small Pox					
Yellow Fever					
Influenza					
Tetanus					
Gamma Globulin					
Other					

Parent / Guardian's Signature : ____ Date : ____________________