روضة الاشبال الدولية الخاصة ذ.م.م (فرع عين خالد)

ALASHBAL INTERNATIONAL KINDERGARTEN W.L.L. (AIN KHALED)

STUDENT HEALTH RECORD 2024-25

Section	Details
Name of Student	
Admission Number	
QID Number	
Health Card Number	
Date of Birth	
Gender	
Class / Grade	
Blood Group	
Address	
Parent/Guardian Name	
Emergency Contact Number	

Medical History

Condition	Yes / No	Remarks (if any)
Asthma		
Diabetes		
Attention deficit Hyper Activity Disorder		
Developmental – Learning Problem		
Epilepsy		
Allergies (Food/Medicine/Other)		
Heart Problems		
Vision/Hearing Issues		
Physical Disability		
Other Chronic Illnesses		

Immunization Record

Vaccine	Date Administered	Booster (Yes/No)	Remarks
BCG			
DPT (1st, 2nd, 3rd)			
Polio			
Hepatitis B			
MMR			
Typhoid			
COVID-19			
Others (Specify)			

Health Check-Up Details of Other Disease (if any)

Date	Doctor/Nurse Name	Findings / Remarks

Medication (Attach MAF if in school medication needed): None / Yes (List below)

Height: _____ **Weight: _____**

Declaration

I declare that the above information is true to the best of my knowledge.

Date **Parent/Guardian Name** **Signature**