

## Health Information

### Student's personal information

First name	Surname	
Address		Date of birth
Zip code and city		Mobile number
Country of birth		Arrival year (in Sweden)
The student lives with / Name of accommodation		The guardians have <input type="checkbox"/> shared custody <input type="checkbox"/> sole custody
Do you want an interpreter in case of a school medical appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which language?

### Guardians contact information

Name of guardian	
Language	Phone number
e-mail	
Name of guardian	
Language	Phone number
e-mail	

### Student's health information

Does your child have any disease? No  Yes  If yes, what .....

Periodic examination by a doctor No  Yes  If yes, what for and where? .....

Regular medication? No  Yes

Sight impairment? No  Yes

Hearing impairment? No  Yes

Allergies? No  Yes

Please specify allergies and symptoms/reactions .....

Other health issues/problems? No  Yes  If yes, please describe.....

**Vaccinations**

Has your child received any vaccinations? No  Yes

Are there any written vaccination documents? No  Yes

Is there anything special you want school health service to know about?

In order to assess the child's growth charts, the following information is needed:

Mother's height, cm \_\_\_\_\_ Father's height, cm \_\_\_\_\_

Consent to send text message when contacting student for calls/reminders Yes  No

**Date and signature student and guardian**

--

Siw Lager-Carlsson

018-7272939

School nurse

Telephone

siw.lager-carlsson

E-mail

Katedralskolan Skolgatan2

753 12 Uppsala

School

Address