

Tsuen Wan Chiu Chow Public School
【 Student Health Questionnaire 】

To Be Completed By Parents Or Guardians

Student Name : _____ Sex : _____ Class : _____

To provide related health information in advance for the school is a crucial means to prevent your child from unnecessary accidents. Read over the form below and answer the questions by ticking **【✓】** “Yes” or “No”. Give details in the remark box if it is needed.

Health Condition Items				Yes	No
1. Has your child ever been to the hospital for health treatment, body inspection or surgical operation?					
2. Is your child undergoing some therapy or a long term medical treatment?					
3. Has your child undergone blood transfusion before?					
4. Has your child suffered any of the following illnesses?					
Body Illnesses	Yes	No	Body Illnesses	Yes	No
a. heart disease			l. diabetes mellitus		
b. angiopathy			m. lung diseases including asthma, emphysema, bronchitis etc.		
c. chest pain after exertion			n. spasm (epilepsy)		
d. hypertension			o. wounds not recover yet, joint diseases or bone diseases		
e. irregular heart beat			p. head injuries or neck injuries		
f. inguinal hernia			q. trunk injuries, e.g. paralysis, unconsciousness or visual failure		
g. rheumatic fever			r. emotional problem which is under therapy		
h. poliomyelitis			s. heart murmur or malformation of the heart		
i. abnormal breathing beat			t. endocrine problems		
j. frequent dizzy			u. cancer or tumor		
k. tuberculosis			v. AIDS		
w. internal organ illnesses, including stomach (gastric ulcer), intestines, pancreas, gallbladder, liver, kidney or jaundice.					
5. Any other illnesses which are serious, chronic, periodical or serious bodily injuries?					
Remarks: Item No.: _____ Details: _____ _____ _____					

Declaration

I declare that the above information is true and correct to the best of my knowledge. I hereby confirm that (Tick **【✓】** the appropriate boxes.)

- my child is fit for P.E. lessons and extra-curricular activities.
- my child temporary is not fit for P.E. lessons (from _____ to _____), and has a medical certificate attachment.
- my child perpetually is not fit for P.E. lessons or extra-curricular and has a medical certificate attachment.

Parent's/Guardian's name: _____

Signature: _____

Contact no.: _____

Date: () September 2019