

Boarders only - Medical Practitioner form - Compulsory

Student Name

Student's Medicare Number

Position on card

Card Expiry Date

Student's Health Care Card Number

Card Expiry Date

Private

Health Cover / Name of Fund

Number

Dental: Is your son currently enrolled with the Department of Health School Dental Service?

Yes ☐

No ☐

Name of Dental Clinic

INFECTIOUS CONDITIONS

If your son develops a contagious condition or other significant medical problem he will need to leave the boarding house. If you are unable to assist your son at such a time, you must nominate a responsible adult who can collect and take care of him on your behalf.

RESPONSIBLE ADULT DETAILS

Name	(PLEASE PRINT)		Phone (Home)	<input type="text"/>	
	GIVEN NAMES	SURNAMES			
Home Address	<input type="text"/>			Postcode	<input type="text"/>
Phone (Work)	<input type="text"/>	Mobile	<input type="text"/>	Email	<input type="text"/>
Relationship to Student	<input type="text"/>				

TO BE COMPLETED BY MEDICAL PRACTITIONER

GENERAL OBSERVATION AND PHYSICAL EXAMINATION

Height

Weight

BP

Pulse

Please tick **ONLY** if an abnormality is detected

Please comment or attach documentation (additional space overleaf)

Ear, Nose and Throat

☐

Respiratory System

☐

Cardio-Vascular System

☐

Central Nervous System

☐

Gastrointestinal System

☐

Musculoskeletal System

☐

Vision/Colour Vision

☐

Skin

☐

Urogenital System

☐

Urinalysis

☐

Is there any significant relevant surgical or medical condition including enuresis that restricts his activities at school?

NO ☐

YES ☐

If yes, please provide details or contact Health Centre staff on 9442 1700

Do you have access to the boy's full history?

YES ☐

NO ☐

How long has the boy been your patient?

Doctor's Signature

Date

Full Name

Phone

Address

DOCTOR'S STAMP