

Calvin Christian School

Elementary: 245 Sutton Ave., Winnipeg, MB R2G 0T1 (204) 338-7981 Fax (204-339-3280 Collegiate: 706 Day St., Winnipeg, MB R2C 1B6 (204) 222-7910 Fax (204) 222-8511 Web Site: http://calvinchristian.mb.ca

STUDENT MEDICAL INFORMATION

EMERGENCY CONTACT INFORMATION (Please provide 2 contacts in home country)

Surname		First Name		Relations	Relationship or Agency Name	
Street Address		I				
City Province/		State Country			Postal Code	
Telephone Number (include country & city code)		Fax Number (if applicable)		E-mail a	E-mail address (if applicable)	
Surname		First Name		Relations	Relationship or Agency Name	
Street Address						
City Province/State		State	te Country		Postal Code	
Telephone Number (include country & city code)		Fax Number (if applicable)		E-mail a	E-mail address (if applicable)	

MEDICAL HISTORY

- 1. Previous surgery and/or serious illness (with dates):
- 2. Fractures sustained (with dates):

3. Drug Allergies:

- 4. Other Allergies:
- 5. Regular medication taken (non prescription and/or prescription):

6.	Do you wear glasses? D Yes	□ No Co	ontact lenses?	□ Yes	□ No
7.	Do you require any routine injection If yes, please describe:				
8.	Is there a family history of any illr If yes, please describe:				
9.	Have you ever had any of the follo	owing?			
	□ Allergies to drugs	□ Headache (mig	raine)		Seizure disorder
	□ Food allergies	□ Hepatitis		01	Fonsillitis
	□ Pet allergies	🗖 Malaria		01	Fuberculosis
	🗆 Anorexia, bulimia	□ Measles		D 7	Typhoid fever
	□ Appendicitis	□ Menstrual cycle	e problems		Vertigo, dizziness
	□ Asthma	□ Mumps		□ U	Jlcers
	□ Chicken pox	D Poliomyelitis			Whooping cough
	□ Cough (persistent, recurring)	D Pneumonia			Other
	□ Diabetes	□ Rheumatic feve	er		Other
	German measles (Rubella)	□ Scarlet fever			Other

10. Please list all vaccinations administered and dates:

VACCINATION	DATE	REACTION (IF ANY)