



# ST. PAUL THOMAS ACADEMY

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MEDICAL FORM REF SPTA/MF/2022

## MEDICAL REPORT

Student's name .....

### A, Parent's/Guardian's report

Kindly give a detailed health report about your Son.

Report on any ongoing appointment and special care required if any.

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### B. Family Doctor's Report

Name ..... Contact .....

Institution: ..... Official Stamp

Please inform the school on any health condition of the above mentioned pupil

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### C. EMERGENCY

Please recommend two hospitals you would request the school to take your son in case of emergency.

Provide details and location of the hospitals.

1. .... Location .....

2. .... Location .....

Provide details of any other assistance regarding the health of your son e.g. Medical cover/Insurance.

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### D. CONSENT

I Mr./Mrs./Ms/Dr./Prof. ....

Hereby give consent to the Director/Principal to give any consent if need arises.

**Signed by:**

Parent/Guardian: ..... Date: .....

Witness: ..... Date: .....