



Great Lakes Christian High School

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Medical Form

R-05

Student's Name

OR

Ontario Health Card Number

Other Health Plan Number

Name of insurer

THE FOLLOWING SHOULD BE ANSWERED FOR OR BY THE APPLICANT:

Give details of stays in the hospital (within last three years).

Name of Hospital	Condition Treated	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any of the following conditions? On the lines to the right, state details of treatment you require for each "yes".

Condition

Diabetes Yes No _____

Epilepsy Yes No _____

Asthma Yes No _____

Hay Fever Yes No _____

Fainting Yes No _____

State any medications you are currently taking. Give details of dosage level and when and how often medication is taken.

State any allergies you have. Give details of medication, precautions, etc.

(Please turn over)

Underline any of the following illnesses from which you have suffered:

Tuberculosis, Measles, Whooping Cough, Mumps, Small Pox, Chicken Pox, Scarlet Fever, Typhoid, Cholera, Hepatitis, Rheumatic Fever, Psychological disorders, Emotional outbreaks.

Detail other medical conditions or disabilities. _____

Detail any medical concerns you might have about participation in Physical Education classes.

ONTARIO LAW requires all students be immunised for the following diseases. State the dates for each initial immunization (when student was an infant) and subsequent boosters.

Vaccine Dates given (yr/mm/dd)	Diphtheria	Pertussis (whooping cough)	Tetanus	Polio – IPV (Salk)	Polio –OPV (oral)	HIB <small>haemophilus</small> Influenza Type B	Measles	Mumps	Rubella	Hepatitis B

Family Physician's Name () Phone Number: _____

Address

May we give your Physician's name and address to a local doctor for purposes of obtaining copies of medical records?

Signature of parent (or adult student) _____ Date _____

NOTE: If you require a student visa you may also need to do a medical check up for Immigration Canada.