



Work Experience Medical Questionnaire

St. Aloysius' College
Hornsey Lane London N6 5LY

Name of Pupil _____ Form _____

Name of Parent/Carer _____

Home address _____

Tel.No. _____

School **St. Aloysius' College**

Has your child had any of the following:

Asthma or bronchitis Yes No

Heart condition Yes No

Fits, fainting or blackouts Yes No

Severe headaches Yes No

Diabetes Yes No

Allergies to any known drugs or
Medication Yes No

Any other allergies e.g. material
food, insect bites etc Yes No

Other illness or disability Yes No

Any recent contact with
contagious diseases
and infections Yes No

If the answer to any of these questions is **yes**, please give details on a separate sheet which should be firmly attached.

Immunisation Status

Has your child received vaccination against Tetanus in the last five years? Yes No

Is your child receiving medical treatment of any kind from either your family doctor or hospital? Yes No

Has your child been given specific medical advice to follow in emergencies? Yes No

If the answer to any of these questions is **yes**, please give details on a separate sheet including any medicines/tablets.

Signed _____ (Parent/Carer)