



**MEDICAL INFORMATION**  
APPENDIX / FORM #5

GENERAL INFORMATION			
Name of student		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	Date of birth YYYY/MM/DD
Home address	City	Prov./Terr.	Phone
IN CASE OF EMERGENCY PLEASE NOTIFY:			
Name		Relationship	Phone day
Home address			Phone evening
Family doctor		Doctor's number	
MEDICAL HISTORY			
It is important that the history be as complete and accurate as possible. Previous and current medical problems including all previous surgery as well as any significant injuries should be checked off.			
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Skin disease	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Dislocated joint
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart problem	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Concussion
<input type="checkbox"/> Infectious mononucleosis	<input type="checkbox"/> Neck injury problem	<input type="checkbox"/> Eyeglasses/contacts	<input type="checkbox"/> Thyroid disorder
<input type="checkbox"/> Back injury problem	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Shoulder injury
<input type="checkbox"/> Tendinitis	<input type="checkbox"/> Sprain	<input type="checkbox"/> Knee injury	<input type="checkbox"/> Cast
<input type="checkbox"/> Metal plate, screw, pin If so, where? _____		<input type="checkbox"/> Brace/support required? If so, where? _____	
Other			
Relevant family medical history			
ALLERGIES			
TO MEDICATION/DRUGS	TO FOOD	OTHER	
CURRENT MEDICATIONS			
PRESCRIPTION	DOSAGE	FREQUENCY	

Parent/legal guardian name (print)

Signature of parent/legal guardian

Date

The personal information contained on this form is being collected under the authority of the *Education Act* and s.29(c) of the *Access to Information and Protection of Privacy Act (ATIPPA)* for the purpose of facilitating student health care when required. For more information about the collection, use and disclosure of personal information, please contact Yukon Education's Privacy Management Coordinator at (867) 667-8326.