دار العلوم دعوة الايمان

DARUL ULOOM DAWATUL IMAAN

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… Today's students, Tomorrow's leaders …

MEDICAL FORM

Private & Confidential

Applicant Details

Forename: _____ Surname: _____

Date of Birth: _____ NHS No: _____

Address: _____
Street Address

_____
Town/City *Postcode*

Home Tel No: _____ Mobile No: _____

Emergency Contact Name: _____ Relation to Applicant: _____

Home Tel No: _____ Mobile No: _____

Medical Details

(To be completed by GP)

Name of G.P: _____

Address: _____
Street Address

_____
Town/City *Postcode*

G.P's Tel No: _____ G.P's Fax No: _____

1. Does the applicant suffer from any serious or long term illness? (e.g. Epilepsy, Bronchitis, Frequent Headaches, Diabetes, Hepatitis, Anaemia etc.)

_____

_____

2. Does the applicant suffer from any allergies? (If YES, please give details) YES ☐ NO ☐

_____

_____

3. Does the applicant suffer from any physical or Mental Disability? (If YES, please give details) YES ☐ NO ☐

_____

_____

4. Is there any family history of the following? (Please Tick)

Heart Disease ☐ Stroke ☐ Asthma ☐ Epilepsy ☐ Cancer ☐

Diabetes ☐ Angina ☐ High Blood Pressure ☐ Tuberculosis ☐ Other: _____

5. Has the applicant ever been to hospital for any form of surgery? (If YES, please give details) YES ☐ NO ☐

_____

_____

6. Is the applicant receiving any regular/temporary medication at present? YES ☐ NO ☐
(If YES, please give details)

_____

_____

7. Does the applicant have any special dietary requirement? _____

8. Has the applicant been immunised for the following diseases? (Please tick appropriate box and give dates)

Diphtheria ☐ Date: _____ Pneumococcal Infection ☐ Date: _____

Tetanus ☐ Date: _____ Measles, Mumps & Rubella ☐ Date: _____

Whooping Cough ☐ Date: _____ Cervical Cancer ☐ Date: _____

Polio ☐ Date: _____ Meningitis C ☐ Date: _____

Hib ☐ Date: _____

9. Height of Applicant: _____ Weight of Applicant: _____

10. Does the applicant smoke? YES ☐ NO ☐

11. Does the applicant receive or had any treatment for abuse of Substances/Drugs? YES ☐ NO ☐
(If YES, please give details)

_____

12. Is there any other information that may be useful for Emergency Doctor/Hospital Staff to know?

_____

_____

GP or his/her representative's Signature or Stamp:

Signed: _____

Date: _____

GP STAMP