

GWA Mandatory Medical Form

Parents/guardians please complete -

Student's Name: First _____ Last _____ Date of birth: _____

Daily Medications: _____

Allergies (medications, environmental or dietary; if student has food allergies please complete a separate GWA Food Allergy Form): _____

Does student require medication to be present during the school day? (asthma inhaler, epi-pen, etc): _____

Recent Vaccinations/Boosters (since 7th Grade):

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for the medical staff at GWA to treat my son/daughter to the best of their ability and the exchange of medical information from healthcare providers if necessary.

Signature of parent/guardian: _____ Date: _____

Physician, please complete the following -

Height (cm):	Pulse:
Weight (kg):	Blood Pressure:

Body System	Normal	Abnormal/ Defer	Abnormal findings/recommendations:
Hair/Scalp			
Skin			
Eye/vision			
Ears/hearing			
Nose and throat			
Teeth and gingiva			
Lymph glands			
Heart/cardiovascular			
Lungs/respiratory			
Abdomen			
Genitourinary			
Neuromuscular			
Extremities			
Spine (scoliosis)			
Other -			

Known medical conditions (including those which require medication, follow up, restriction of activity or may affect academic performance): _____

Prior hospitalizations or surgeries (please provide diagnosis and dates): _____

By signing or stamping below; ***I confirm that this child is in good medical health and is able to participate in school sports, after school physical activities and physical education class.***

Physician Name (printed): _____

Contact Information (address, phone): _____

GWA Tuberculosis Screening

Tuberculosis is an endemic, major, public health concern in Morocco. Receiving the BCG vaccine at birth does not have proven long-term efficacy at preventing active tuberculosis disease for life. In an effort to maintain a high standard of health at GWA we require completion of this tuberculosis screening for *all new students, 1st, 4th, 7th and 10th graders.*

Tuberculosis Screening Questions

Has the student had a persistent cough > 4 weeks with any of the symptoms:

- Night sweats/fever
- Bloody sputum
- Weight loss/fatigue
- Direct contact with a TB infected person

If YES to any symptoms above; GWA requires a chest xray to be completed prior to attending class.

Chest xray date: _____	Result: _____	Healthcare Provider/Clinic: _____
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- This student does not have any of the above listed symptoms or any known risk factors for a possible active TB infection.

Physician signature: _____

Date of exam: _____

If your son/daughter has NOT received a BCG vaccine we require one of the following within the past year ***prior to initial entry to GWA:***

- Tuberculin Skin Test (TST)/PPD test
- Quantiferon blood test OR
- Chest x-ray

**Please provide a copy of the above test result to the GWA nurse office staff.
