



Returning Student Medical Questionnaire

Due – July 30<sup>th</sup>  
Returning Students only – Required

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Illnesses or surgeries during the summer: \_\_\_\_\_  
\_\_\_\_\_

**New Allergies (Drug, Food and Other):**

Carries an Epi-

pen: \_\_\_\_\_  
\_\_\_\_\_

**New Immunizations (Provide Date):** \_\_\_\_\_  
\_\_\_\_\_

**Other:**

Physical handicaps or disabilities which would restrict full participation in school sports programs or outings  
(must be accompanied by a Doctor's certificate).  
\_\_\_\_\_  
\_\_\_\_\_

Current regular/daily medications to be taken at school under the supervision of the school nurse (in  
accordance with school policy, prescription medication must be kept at the Health Centre).

Please list: \_\_\_\_\_  
\_\_\_\_\_

Special Dietary requirements: \_\_\_\_\_  
\_\_\_\_\_

Additional comments concerning your child's physical or social development that would assist the medical staff  
in looking after the student. (i.e. Attention Deficit Disorder, anxiety, special fears, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been out of Canada for 4 consecutive weeks this summer?

No

Yes

Destination: \_\_\_\_\_