

MEDICAL HISTORY

PERSONAL INFORMATION

Name		Surname		Date of Birth	
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1. Immunisation

Immunisation	Dates	Immunisation	Dates
Diphtheria / Whooping Cough / Tetanus (DWT or 3-in-1):	1.	Oral Poliomyelitis:	1.
	2.		2.
	3.		3.
Booster:	1.	Booster:	1.
Measles:	1.	BCG:	1.
Combined Measles / Mumps / Rubella (MMR):		1.	

2. Previous Illnesses

A) Infectious Diseases	B) Operations
Measles:	Tonsillectomy:
Chicken Pox:	Circumcision:
Mumps:	Other:
Scarlet Fever:	
German Measles:	
Diphtheria:	
Other:	
C) Allergy, e.g.	D) Ear, Nose and Throat Infections
Asthma:	
Hayfever:	
Other:	
E) Other Diseases e.g. Epilepsy	

3. Birth and Infancy History

Illnesses of Mother in Pregnancy:			
Birth Weight:		Delivery and Labour:	
Abnormality at Birth:	e.g. Club Feet:		e.g. Cleft Palate:
	Other:		
Jaundice at Birth:		Oxygen to Child:	
Blood Transfusions to Child:			

4. Family History

Any Medical Condition in Other Members of the Family:	e.g. Deafness:	
	e.g. Allergies:	
	Other:	
Private Doctor (if any):		

Should you choose not to immunize, please complete the required form available from the office

Please initial page:

A copy of the original immunisation card AND a copy of the Medical Aid card (both sides) must accompany this form