****Form C: Physician's Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Student:** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | *Family Name* |  |  |  |  |  |  | *Official First and Second Names* | |  | | |
| **Date of Birth:** | |  |  | / |  | / |  |  |  |  |  |  |  |  |  |  |
|  |  | Year | |  | Month | Day | | | | | |  |  |  |  |  |
| **Allergies:** | | **□ Yes** | |  | **□ No** | **If yes, specify:** | | | | |  |  |  |  |  |  |
|  |  | | |  |  | | | | | | |  | | | |  |
| **Concussions: □ Yes** | | | | **□ No** | **If yes, how many:** | | |  | | | | **When:** |  | | | |

**Mental Health: Any counseling, psychiatric care, behavioural issues or substance abuse treatment? If applicable, please describe:**

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|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past/Current Illness/Conditions (check below)** | |  |
| **□ ADD** | **□ Diabetes** | **□ Meningitis** | **□ Suicidal Thoughts** |
| **□ ADHD** | **□ Eczema** | **□ Migraines** | **□ Bipolar** |
| **□ Asthma** | **□ Epilepsy** | **□ Sleep Disorder** | **□ Schizophrenia** |
| **□ Bowel Conditions** | **□ Heart Conditions** | **□ Surgery (describe** | **□ Self-mutilation** |
| **□ Cancer** | **□ Hepatitis** | **below)** | **□ Eating Disorders** |
| **□ Congenital** | **□ HIV/AIDS** | **□ Tuberculosis** | **□ Other** |
| **Disorders** | **□ Kidney Disorders** | **□ Depression** |  |

**Comments:**

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**Current Medication:**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | find |  | physically and |
| emotionally fit to attend a boarding high school and to participate in all its normal activities. | | | |  |

**This student has been my patient since:**

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**Phone:**

****

**Medical Office Address:**

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*Signature* *Date*