

HEALTH DECLARATION FORM
SCHOOL YEAR 2019-2020
(One form per child)

CHILD'S FAMILY NAME:

CHILD'S FIRST NAME:

GRADE:

PHONE NUMBER :

HEALTH INSURANCE COMPANY :

Please answer *all* of the following questions by ticking the appropriate box (*NO* or *YES*). If you answer *YES* to any of the questions, please provide full details in the space indicated and if necessary, provide related medical certificates too (*all personal information will be held strictly confidential*).

HEALTH SURVEY

1. Has your child ever been diagnosed with a disability or particular disease?

☐ NO

☐ YES

If YES, please clarify or provide detailed information

2. Does your child suffer from an allergy, a chronic or recurrent illness?

☐ NO

☐ YES

If YES, please clarify or provide detailed information

3. Is your child currently taking medication or receiving any medical treatment?

☐ NO

☐ YES

If YES, please clarify or provide detailed information

4. Does your child have a medical contraindication for medicine or physical effort (sport, swimming, hiking, etc.)?

☐ NO

☐ YES

If YES, please clarify or provide detailed information

5. Has your child been hospitalized or undergone surgery over the last 2 years?

☐ NO

☐ YES

If YES, please clarify or provide detailed information

6. As part of the Israeli Ministry of Health, I allow my child to be examined by the NATALI medical staff (weight, size, vision, hearing), and allow the school nurse to share all health and administrative information with the NATALI staff.

☐ NO

☐ YES

7. I allow my child to receive vaccinations from the NATALI school health staff in accordance with the current vaccination course.

☐ NO

☐ YES

For 1st grade : Measles/Mumps/Rubella/Varicella

For 2nd grade : Diphtheria/Tetanus/Acellular/Pertussis/Polio

For 8th grade : Diphtheria/Tetanus/Acellular/Pertussis(DTap) and papillomavirus

For 2nd, 3rd, 4th grade : Flu

Please write any additional information you wish to share with the school's nurse station.

Health Insurance Company:

(Provide copy of your Child's Insurance Card or Insurance Policy)

DECLARATION

I, the undersigned, Mr. / Mrs.

PARENTS' NAME:
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Parents or legal responsible of the child:

Enrolled this school year at Jerusalem French School in grade:

Hereby confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in the cancellation by the School administration of my child's / children's registration.

DATE :

SIGNATURE.....