



WESLEY METHODIST SCHOOL SEREMBAN

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HEALTH DECLARATION FORM

Student Name:..... Form: Year:

Please tick (✓) in the relevant box if the student is receiving treatment or has the following problem (Specify other reasons if applicable). *N/A = Not Applicable

Table with 6 columns: NO., PHYSICAL ISSUES, N/A, MILD, SERIOUS, REMARKS. Rows include Asthma, Allergies, Bone, Blood Disease, Diabetes, Epilepsy, Hearing Problem, Heart, High Blood Pressure, Kidney Problems, Muscle, Nose, Psychomotor Agitation, Skin, Vision Problems.

Table with 6 columns: NO., EMOTIONAL ISSUES, N/A, MILD, SERIOUS, REMARKS. Rows include Anxiety, Attention Deficit Hyperactive Disorder, Autism, Bipolar Disorder, Body Dysmorphic Disorder, Borderline Personality Disorder, Easily Discourage, Eating Disorder, Easily Stressed, Impulse, Prone to Anger, Unbalance.

* Other issues (if any) :

** Please include a copy of your child's medical assessment report.

It is hereby I confirm that all the above information is true.

Parent / Guardian Signature Parent / Guardian Full Name Date

In the event of any problems / emergencies, please contact:

Name: Relationship with Student:

Contact No. (House) (Office) (HP)