Medical Record File

Photo

All information contained in this medical record will be immediately transferred to the nurse and will remain confidential

Space reserved for the student

SURNAME:	First name:	Gender:
Date of birth:		
Address and telephone number of the parents/guardians:		
Address of the student in 2021-2022:		
Mobile phone number of the student:		

Space reserved for the doctor chosen by the student :

Referring physician:		
Weight: Height:		
Psychological, sleep, adaptation difficulties and so on...: yes ❑ no ❑ If yes, precise:		
Vaccination (precise the last date of vaccination)		
DTP ❑ DTPC ❑ ..../......../........ ROR ❑ Quantity of injections:	BCG yes ❑ no ❑ ..../......../........	IDR (IDR 10 U or monotest) Yes ❑ no ❑ Date and result of the las test: ..../......../........
Hepatitis B: ..../......../........ Quantity of injections:	HPV: ..../......../........ Quantity of injections:	Meningitis C: ..../......../........ Quantity of injections:
In view of the surge of these diseases, a vaccination is encouraged. Others vaccinations:		
Personal medical history:		
Family medical history - Father: Mother:		
Current treatment:		
Known allergies: Allergies that needs treatment:		

Handicap situation: yes ❑ no ❑
If yes, do you have a MDPH file? : yes ❑ no ❑

Handicap (specify):

Leisure sport: yes ❑ no ❑
Tabaco: yes ❑ from ....years no ❑

Complementaries exams

Visual acuity

From far Right: Left:

Correction: yes ❑ no ❑

Pathologies:

Last exam with an ophthalmologist: ..../......../........

Audition Known trouble:

Cardiovascular TA: Pulse:

Pulmonary: **ENT:**

Digestive: Bowel function:

Cutaneous:

Gynecology check-up: yes ❑ no ❑
Contraception:

Spine Static troubles:
Pain:
Upper limb: Lower limb:

Dental exam
Regular check up ❑ Recent check up:

Observations:

Stamp, date and signature of the physician
(Mandatory)