



ISLK International School of Lund
Health declaration form

In order to evaluate your child's health condition, it is important that the School Health Care Office receive information about previous illness, any psychological and physical health history, accidents and vaccinations. ISLK follows the Swedish Immunisation Programme for children. Please make sure that your child has the vaccinations stated according to age and grade on arrival to the school. This information is strictly confidential and will not be passed along within the organisation without your consent.

Child's surname, first name:	Gender:	Date of birth (YYMMDD):
Address in Sweden:	Date of arrival in Sweden?	Place of birth/Nationality:
Name and address of previous school:		
Mother's name:	Profession:	Date of birth:
Mother's address (if other than child's):	Phone number:	Email:
Father's name:	Profession:	Date of birth:
Father's address (if other than child's):	Phone number:	Email:

Siblings

Name and date of birth	Name and date of birth	Name and date of birth

Health information

Has your child ever been enrolled in a Swedish school or child Health Care Center (BVC)?
Does your child have any dietary restrictions such as non-pork, non-beef, halal or vegetarian?
Does your child take any medication regularly? Please specify what and why.
Has your child ever had professional counselling? Please specify for what.

Please state yes or no to the following questions. If yes, please specify what.

Asthma?	Eczema?	Allergy?



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Convulsions?	Diabetes?	Problems with bed wetting?
Recurring stomach aches?	Recurring diarrhea?	Bowel problems?
Tuberculosis?	Hepatitis?	Malaria?
Respiratory problems?	Psychological problems?	Been in a serious accident?
Hearing impairment?	Visual impairment?	Recurring headaches?
Urinary tract infection?	For boys. Have the testicles descended into the scrotum?	For boys. Can he pull back his foreskin?

Please state all vaccinations that your child has received below or provide photocopies translated into English. Please tick the box if your child has all the vaccinations required for their age according to the Swedish vaccination programme.

Yes, my child has all vaccinations according to the Swedish vaccination programme.

Name of vaccine	Date	Date	Date	Date
DT (Diphtheria, Tetanus)				
DPT (Diphtheria, Tetanus, Pertussis)				
Polio drops				
Polio injection				
MMR (Measles, Mumps, Rubella)				
BCG (TBC, tuberculosis)				
PPD (Mantoux test for TBC)				
HPV (Human papilloma virus)				
Parent signature	Date			

Should anything change in your child's health status during your stay at ISLK please inform us.