

Doctor's Medical Certificate

This form should be completed, signed and stamped by a Medical Doctor (and not by parents). Please send the completed form directly to the School Nurse nurse@brillantmont.ch
 There are two pages in total.

Name of student :

Date of birth : Nationality :

All students require a current medical examination.

Previous History (tick box), if yes please specify:

- a. Contagious diseases: no yes
- b. Allergic diseases: no yes
- a. Metabolic diseases: no yes
- b. Cardiovascular diseases: no yes
- c. Diseases of the nervous system: no yes
- d. Diseases of the digestive system: no yes
- e. Diseases of the respiratory tract: no yes
- f. Haematological diseases: no yes
- g. Diseases of the muscles/bones: no yes
- h. Other diseases: no yes
- i. Surgery: no yes
- j. Accidents: no yes

Current health condition: Please detail any current physical or psychological diseases or illness requiring treatment or counselling and provide a detailed medical report in English.

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Current medication

Name of medicine	Dose	Amount	Frequency

Please complete the vaccination record below:

VACCINE	DATE					
Diphtheria*						
Tetanus*						
Polio*						
MMR*						
Hepatitis B**						
HPV**						
COVID-19 ***						
Varicella ****						
Meningococcal C						
Other						

- * Required vaccinations for school admission.
- ** Recommended vaccinations.
- *** We reserve the right to require vaccination against COVID-19.
- **** Has the child had chicken pox? If not, please consider vaccination.

Doctor's signature & stamp

Name:

Signature:

Date:

Contact details
 (e-mail/telephone/fax) :