



Student Medical Form

British International School of Wrocław

Student's Name:

Date of Birth: - - Sex:

Nationality:

Childhood diseases:

.....
.....
.....

Serious injuries, surgery or illness in the past:

.....
.....

Allergies:

.....
.....

Chronic conditions (if your child takes medicine regularly please specify name and times given):

.....
.....

Eyesight and hearing condition (glasses, contact lenses, hearing aid):

.....
.....

IMMUNIZATION RECORD

	Dates of vaccinations					
<i>Hepatitis A</i>						
<i>Hepatitis B</i>						
<i>TB Test</i>						
<i>Polio</i>						
<i>Diphtheria</i>						
<i>Mumps</i>						

Signature:

.....

Date:

.....

British International School Wrocław

al. Akacjowa 10-12, Wrocław, Poland

NIP: 676-26-56-570

<https://bisc.wroclaw.pl>

School office tel: +48 71 796 68 61 fax: +48 71 796 68 62

email: office@bisc.wroclaw.pl