



# GLOBAL ENGLISH SCHOOL

## Student Health Survey



Name:

Age:

Section:

Types of Disease	Yes	No	Specify/others/Allergens	Name of Medications If taken
Asthma				
Other Respiratory Complication, if any				
Eczema				
Allergy, if any				
Eye problem				
Ear Disease				
Growth and development problem				
Diagnosed ADHD				
<b>Others</b>				
<b>Comments:</b>				

**Note:** The institution aim to render a quality education to your children with a healthy mind and body. In line with this we want to take a survey of your kid's medical history. If your child is on regular medication, please let us know and visit the school nurse located at second floor. Thank you for your cooperation.

Respectfully Yours:

Ms. Maha Al-Dughaishem  
GES Principal

Ms. Raiza Mutalib RN, BSN  
School Nurse