CHARITY REGISTRATION
NO. 855

MEDICAL HISTORY FORM

SATUC WORLD CUP

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SHEIKHA AL-THANI FOR UNDERPRIVILEGED CHILDREN

Sheikha Charity

SHEIKHA AL-THANI FOR UNDERPRIVILEGED CHILDREN

PLEASE READ THE MEDICAL HISTORY FORM CAREFULLY.

FEBRUARY 2019 | ISSUE 14

Completed by..

Relationship to child..................................

MEDICAL HISTORY FORM

PATIENT'S NAME: ________________ TODAY'S DATE: _____________
DATE OF BIRTH __________________ NATIONALITY _______________

CHARITY STAMPER.

PATIENT'S PAST MEDICAL HISTORY:

CURRENT PHYSICIAN: ________________________ DATE OF LAST EXAMINATION

HAVE YOU EVER BEEN HOSPITALIZED?
YES ☐ NO ☐ IF YES, WHAT FOR?

HAVE YOU EVER TESTED POSITIVE FOR HEPATITIS A, B, OR C?
YES ☐ NO ☐ WHICH HEPATITIS VIRUS?
____

HAVE YOU BEEN VACCINATED FOR HEPATITIS B?
YES ☐ NO ☐ IF YES, DATE VACCINE SERIES COMPLETED? ___________________________________

HAVE YOU BEEN VACCINATED FOR HEPATITIS A?
YES ☐ NO ☐ IF YES, DATE VACCINE SERIES COMPLETED? ___________________________________

LAST TUBERCULOSIS (TB) SCREENING?
____
RESULT OF TB SCREENING: POSITIVE ☐ NEGATIVE ☐

IF POSITIVE TB SCREEN, DATE OF LAST CHEST X-RAY:
____
RESULT OF CHEST X-RAY POSITIVE ☐ NEGATIVE ☐

CHARITY
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MEDICAL HISTORY FORM

PATIENT'S NAME: ___________________ TODAY'S DATE: ________________
DATE OF BIRTH ______________________ NATIONALITY __________________

WHICH OF THE FOLLOWING CONDITIONS ARE YOU CURRENTLY BEING TREATED OR HAVE BEEN TREATED FOR IN THE PAST (PLEASE CHECK)

☐ HEART DISEASE / MURMUR / ANGINA
☐ HIGH CHOLESTEROL
☐ HIGH BLOOD PRESSURE
☐ LOW BLOOD PRESSURE
☐ HEARTBURN (REFLUX)
☐ ANEMIA OR BLOOD PROBLEMS
☐ SWOLLEN ANKLES

☐ EYE DISORDER / GLAUCOMA
☐ SEIZURES
☐ STROKE
☐ HEADACHES/MIGRAINES
☐ NEUROLOGICAL
☐ MENTAL HEALTH ISSUES

☐ SHORTNESS OF BREATH
☐ ASTHMA
☐ LUNG PROBLEMS/COUGH
☐ SINUS PROBLEMS
☐ SEASONAL ALLERGIES
☐ TONSILLITUS
☐ EAR PROBLEMS

PLEASE DESCRIBE ANY CURRENT OR PAST MEDICAL TREATMENT NOT LISTED ABOVE
____
____

PLEASE LIST ANY PAST SURGERY
____
____

ALLERGIES

ARE YOU ALLERGIC TO PENICILLIN OR ANY OTHER DRUGS? YES ☐ NO ☐

PLEASE LIST: ____

MEDICATIONS

PLEASE LIST: ____
____

BY SIGNING BELOW, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION I HAVE FURNISHED ON THIS FORM IS COMPLETE, TRUE AND ACCURATE.

LEGAL GUARDIAN SIGNATURE ___________ DATE_____________

CHARITY STAMPER.

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