CHARITY REGISTRATION
NO. 855

MEDICAL HISTORY FORM

SATUC World Cup Morocco, Tiznit
16 Teams
U15
5 a-side Football
Natural grass pitch
13 April till 19 April 2020

PLEASE READ THE MEDICAL HISTORY FORM CAREFULLY.

REGISTRATION NO. 855

Sheikha Charity

CHARITY REGISTRATION
NO. 855

TERMS AND CONDITIONS

SATUC world cup U15

5 a-side Football

for Orphans and disadvantaged children

MEDICAL HISTORY FORM

Completed by

Relationship to child

PATIENT'S NAME: TODAY'S DATE:

DATE OF BIRTH NATIONALITY

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 ☐

REGISTRATION NO. 855

SATUC

SHEIKHA AL-THANI CHARITY FOR UNDERPRIVILEGED CHILDREN

Sheikha Charity

PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY

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TERMS AND CONDITIONS

SATUC world cup U15

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MEDICAL HISTORY FORM

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)
☐ Anaemia 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
☐ Tonsillitis
☐ 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

REGISTRATION NO. 855

SATUC
SHEIKHA AL-THANI CHARITY FOR UNDERPRIVILEGED CHILDREN

Sheikha Charity

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