



MEDICAL FORM
EN FRANÇAIS À QUÉBEC 2009

**Your
Picture**
Write your
name on back

To be returned as soon as possible to *Collège Saint-Charles-Garnier*.

Student Information

Last name :		First name :	
Sex : <input type="checkbox"/> M <input type="checkbox"/> F	Age by June 30 th 2009 :		Birth date : D / M / Y
Address :			
N°		Street	Apt.
City		Province	Postal code
Phone number : ()		Cell. number : ()	
Fax number : ()		e-mail :	
Medicar number :		Social Security number :	

Parent or tutor's information

Father's name :		Mother's name :	
Phone number : ()		Phone number : ()	
Office number : ()		Office number : ()	
Cell. number : ()		Cell. number : ()	
Tutor's last name :		Tutor's first name :	
Phone number : ()		Office number : ()	

Other phone number in case of emergency – NO PARENTS

Name :	Relationship :	Phone # : ()
		Office # : ()

Hospitalisation and medical insurance

Compulsory for international students. Recommended for Canadian students.

Insurance company :	
Insurance number :	Assistance line :

Health history

Previous illness (mark and give approximate dates)

Measles :	Mumps :	Bronchitis :
Diphtheria :	Whooping cough :	Dermatite :
Fracture :	Scarlet fever :	Chickenpox :
Tonsillitis :	Otitis :	Other :

Date of last vaccine received against tetanus ?

Do you suffer from any of the following ? (if yes, mark and specify)

Asthma :	Vision trouble :
Digestion trouble :	Heart trouble :
Diabetes :	Skin disease :
Frequent headaches :	Breathing trouble :
Epilepsy convulsions :	Physical handicap :

Comments :

Allergies

YOU MUST PROVIDE A MEDICAL CERTIFICATE

Do you suffer from any of the following ? (if yes mark and specify)

Medicine, drugs :	Pets :
Food :	Lactose :
Gluten :	Latex :

Actual physical health

Physical restrictions :

Anything special :

Name of your doctor :

Phone number : ()

Special eating habits

Health :

Personal choice :

Religion :

Other :

Comments :

If you are taking medication, let us know below all the pertinent information, in case of an emergency. (name of medication, prescription, dosage, frequency, secondary effects, etc.)

Student's signature :

Date :

Parent's signature :

Parent or tutor's authorisation in case of hospitalisation

In case of emergency, if I cannot be reached, I authorize the doctor chosen by the director of the Program or its representative to hospitalize my child, to assure him the best care and to prescribe if necessary some injections, anaesthesia or any other intervention.

Parent or tutor's signature :

Date :