

TO: ALL PARENTS

This form must be completed and returned to Sick Bay on the first day of
next term

Has your son/~~daughter~~ had any illness
during the holiday. If so, please give
details:

NO

Has he/she been in contact with any
infectious illness? If so, please
contact Sick Bay before returning to School:

No

Has he/she attended an outpatient appointment
at any Hospital in the holiday? If yes,
please give date, Consultant's name, Hospital
address and reason for visit:

HAMMERSMITH HOSPITAL
DUCANE RD. HAMMERSMITH
4-1-84

DR LING. TAKE BLOOD FOR TESTS

Has he/she been seen by:

- A) Doctor
- B) Dentist
- C) Optician

(please give dates)

No.

Have there been any alterations in his/
her drugs or treatment during the holiday?

NO

Are there any other points you would like
to add about his/her medical care?

1 BLOOD INTO LEFT THIGH.

Pupil's name

LEE STAY

Signed

GRO-C

Date

7-1-84