



DHIRUBHAI AMBANI
INTERNATIONAL SCHOOL

SAVE! SUSTAIN! SURVIVE!
THE WORLD IS IN YOUR HANDS

Young Round Square Conference

9-12 October 2014



MEDICAL FORM

This form needs to be filled up by all adult delegates attending the conference.

All details mentioned in the form must be filled up by the parent/guardian on behalf of the student.

Name of the Student/Teacher:

Name of School:

Please mark the applicable with (✓).

General Health Condition	Excellent	Good	Average	Poor
Do you have any ongoing medical problems?	No	Yes		
if yes specify:				
Is he/she undergoing medical treatment?	No	Yes		
if yes specify:				
Is he/she under medication at present?	No	Yes		
if yes specify:				
Date of immunization against Tetanus within the last 5 years.				
Has he/she been treated recently for any medical problem?	No	Yes		
if yes specify:				
Has he/she been hospitalized recently?	No	Yes		
if yes specify:				
Medication to be carried by the student along with the doctor's prescription:				
Name of the doctor:		Contact number:		

This form is an editable PDF. Please fill the details and mail back to 3s.dais@gmail.com

Please specify any prior history of the following:				
Diabetes	No	Yes		
if yes specify:				
Asthma	No	Yes		
if yes specify:				
Epilepsy / Seizures / Convulsions?	No	Yes		
if yes specify:				
Description of recent seizures.				
If Condition is below average please specify details				
How long has it been since the last seizure?				
If Condition is below average please specify details				
Details of medication and treatment				
If Condition is below average please specify details				
Neurological problems	No	Yes		
if yes specify:				
Does he/she have any allergies?	No	Yes		
if yes specify:				
Is he/she allergic to any of the following?	Food	Insects	Medication	Others
Please specify details of Medications and reactions for above allergies:				
What are signs and symptoms of an allergic reaction?				
A localized reaction (rash, itching, swelling at the site the poison/irritant enters).				
A systemic reaction (rash, itching, swelling away from the site that poison/irritant enters).				
An anaphylactic reaction (severe breathing problem, total body swell, emergency situation).				
Any Other please specify				
Name of the medication used during this condition :				
NOTE : Please ensure child is carrying this medication & dosage.				

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MEDICAL INSURANCE DETAILS

Travel Insurance Policy	
Name of the Medical insurance company:	
Medical insurance number:	
Address of the Medical insurance company:	
Person to be contacted:	
Cell/Mobile Number:	
Office Contact Number:	
Personal Medical Insurance Policy	
Name of the insurance company:	
Medical policy number:	
Person to be contacted:	
Cell/Mobile Number:	

DIETARY SPECIFICATIONS

Please mark the applicable with (✓).				
Any special dietary requirements?	Vegetarian	Non-Vegetarian	Jain	Others
Please specify details.				

We recommend the following In lieu of medical safety :

- The Government of India requires travelers arriving from or transiting through countries with risk of yellow fever virus transmission to present proof of yellow fever vaccination. Kindly check from your health care provider.
- Ensure that the student delegates have been immunized for Flu, DPT, MMR, Polio, Hepatitis, Typhoid, and Chickenpox.
- Pack the prescribed medicines along with the doctor's medical prescription.
- Make sure you carry medicine for travelling sickness and diarrhea.
- Please carry cotton long sleeved shirts and long pants to prevent insect/mosquito bite.
- Please carry sun screen/block and sunglasses for protection from harmful effects of UV sun rays and wear a scarf/cap/hat during outside activities.
- Make sure to carry antibacterial hand wipes or alcohol-based hand sanitizer.

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