

**Little Oxford Nursery and Day Care**  
**Khuzam, Ras Al Khaimah,**  
**U.A.E**

**Medical Questionnaire**

Child's Name:		
Date of Birth:	Height:	Weight:
Nationality:		
Address:		
Res. Tel:		
Mobile:		

Please answer the questions provided below:

<b>Questionnaire:</b>	<b>Yes</b>	<b>No</b>
1. Is your child's appetite normal?		
2. Is his vision normal?		
3. Is his speech normal?		
4. Is his hearing normal?		
5. Has he had any previous surgery?		
6. Does he have a history of long fever?		
7. Does he suffer from breathlessness ( Asthma)?		
8. Has he had any previous diarrhea?		
9. Is he allergic to any material?		
10. Has he had a bedwetting history?		
11. Does he suffer from fits or convulsions?		
12. Does he snore?		
13. Does he suffer from recurrent nasal bleeding?		
14. Does he have any allergic disease?		
15. Does he have any other problem or disease?		

Do you have any other comment?

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I., the undersigned, declare that the information provided above is true to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature