



EMIRATES FUTURE INTERNATIONAL ACADEMY
Mussafah, Abu Dhabi

Health Declaration Form
(Please complete one form per child)

School's name :
Academic Year :
Child's name :
Grade/Year :
Child Emirates ID no :

Please answer the following questions by ticking the appropriate box (No or Yes):

Does your child suffer from any chronic illnesses?

Diabetes Mellitus	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hypertension	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chronic respiratory diseases such as Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cardiac disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Kidney disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Liver disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Autoimmune disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Haematological disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is your child on any immunosuppressant medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Other (if your son/daughter suffers from any other chronic diseases, please specify)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Has anyone in your household been diagnosed with COVID-19?

If yes when: _____ No Yes

Has your child, in the past 14 days, come in close contact with someone diagnosed with COVID-19?

No Yes

Has your child had any fever or respiratory symptoms “coughing, sneezing, loss of the sense of smell or taste, trouble breathing, headache, sore throat, runny or stuffy nose” in the past 3 days? No Yes

Has anyone in your household travelled to any other country in the past 21 days? No Yes

If yes please specify _____

Please provide any additional health related information you wish to share with the school’s nurse:

I, the undersigned, _____, parent or legal guardian of _____ hereby confirms that the information that I have provided in this declaration form is correct and complete. In case any of the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable.

If any of the above information about my child or household changes, I will immediately notify the school nurse.

Name: _____

Emirates ID Number:

Signature:

Date:

If your child suffers from any chronic illnesses, please attach a medical report.