



MIRATES FUTURE INTERNATIONAL ACADEMY

Mussafah, Abu Dhabi

Health Declaration Form

(Please complete one form per child)

School's name:

Academic

Year:2021-2022

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

No

Yes

Hypertension

No

Yes

Chronic respiratory diseases such as Asthma

No

Yes

Cardiac disease

No

Yes

Kidney disease

No

Yes

Liver disease

No

Yes

Autoimmune disease

No

Yes

Haematological disorders

No

Yes

Is your child on any immunosuppressant medication?

No

Yes

Other (if your son/daughter suffers from any other chronic diseases, please specify)

No Yes

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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 I.D. Number:

Signature:

Date:

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