



GAUTENG PROVINCE

Department: Education
 REPUBLIC OF SOUTH AFRICA

SCHEDULE 2

FORM 1

MEDICAL QUESTIONNAIRE

1.	School Name				
2.	Name Of Learner				
3.	Date Of Birth				
4.	Nature Of Tour				
5.	Name of Parent / Legal Guardian				
6.	Home Address				
7.	Home Telephone				
8.	Work Telephone				
9.	Work Address				
10	Do you belong to a medical aid?(X)	Yes		No	

	Name the fund				
	Medical Aid Number				
11	Name of Family Doctor				
12	Telephone Number				
13	Is your child allergic to any food? (X)	Yes		No	
13.1	If yes, specify				
14	Is your child allergic to any medication?(X)	Yes		No	
14.1	If yes, please give details				
15	Is your child presently taking any medication?	Yes		No	
15.1	If so, please give a detailed list of medication and the dosage prescribed				

Details of Person Providing the information	
Relationship to learner	
Print name	
Signature of Parent	
Date	