

**MENDAKI TUITION SCHEME (MTS) & COLLABORATIVE
TUITION PROGRAMME (CTP)
2018
PUPIL'S MEDICAL HISTORY**

Pupil's Name: _____ NRIC: _____
Centre: _____ Class: _____

Medical History

Does your child have any of the following medical conditions?

[Please tick (✓) in the appropriate boxes]

S/No	Medical Conditions	Yes	No
1.	Bronchial Asthma		
2.	Epilepsy		
3.	Fits due to high fever		
4.	Kidney Disease		
5.	Heart Disease		
6.	Diabetes Mellitus		
7.	Blood Disease		
8.	Has your child had surgery in the last 12 months? If yes, please specify with date of surgery:		
9.	Is there any other condition/behaviour (not listed above) which would be useful for tutors to know? If yes, please specify:		
10.	Has your child been referred to specialist doctors (e.g. pediatrician/therapist/ psychiatrist) for consultation? If yes, please specify:		
11.	Others Please specify:		

Name of Parent: _____

Signature of Parent: _____ Date: _____