



Medical Form

Private and Confidential

Jamia Al-Hudaa
Berkeley Avenue, Mapperley Park,
Nottingham, NG3 5TT

Applicant's Details

Forename: _____ Surname: _____ DOB: _____

Address: _____

_____ Postcode: _____

Medical Details (to be completed by Nurse or GP)

Patient NHS No:										
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Name of GP: _____

Address: _____

_____ Postcode: _____

Phone No: _____ Fax: _____ Email: _____

1. Does the above applicant suffer from any serious or long term illness e.g. Epilepsy, Asthma, Diabetes, Coeliac disease or any other condition? (if so please list diagnoses)

1a) Does the applicant require a detailed Healthcare Plan? Yes No

(If yes, then please complete the attached Healthcare Plan template)

2. Does the applicant suffer from any allergies? Yes No

If 'Yes' please give details _____

3. Has the applicant ever been to hospital for any form of surgery? Yes No

If 'Yes' please give details _____

4. Is the applicant receiving any medication at present? Yes No

If 'Yes' please give details _____

5. Does the applicant have any special dietary needs? Yes No

If 'Yes' please give details _____

6. Has the applicant been immunised for the following (or attach a printout):

		1 st	2 nd	3 rd
DTaP (DTP)	<input type="checkbox"/>	(date) _____	(date) _____	(date) _____
Polio	<input type="checkbox"/>	(date) _____	(date) _____	(date) _____
Hib	<input type="checkbox"/>	(date) _____	(date) _____	(date) _____
MMR	<input type="checkbox"/>	(date) _____	Meningitis	<input type="checkbox"/> (date) _____
Travel Vaccinations	<input type="checkbox"/>	(date) _____	BCG	<input type="checkbox"/> (date) _____
Pneumococcal	<input type="checkbox"/>	(date) _____		

7. Is there any other information that may be useful for emergency Doctor / Hospital staff to know?

GP or his/her Representative's Signature and Stamp:

Signed: _____

GMC or NMC Number: _____

Date: _____



Parental Approval of Medication

I being the parent / guardian of _____ request and also give approval that:

- a. Any medication can be administered as and when prescribed by the Physician according to his/her statement.
- b. For the staff of Jamia Al-Hudaa to give non-prescriptive medicines such as paracetamol or cough syrup according to the instructions given on the containers.
- c. In case of emergency my daughter can be given First Aid / emergency medical & dental treatment.
- d. In case of any illness or accident, I will not make any claim against Jamia Al-Hudaa.

I, to the best of my knowledge confirm that the above information is correct.

Parent / Guardian Name: _____

Relationship: _____

Parent / Guardian Signature: _____

Date: _____

Once completed please return to:

Admissions, Jamia Al-Hudaa, Berkeley Avenue, Mapperley Park, Nottingham, NG3 5TT

Tel: 0115 969 0800 Fax: 0115 969 0818 Email: admin@jamiaalhudaa.com

For Office Use Only

Date Received: _____

Student ID No: _____

Notes: _____