

# Havelock North Intermediate International Students Medical Information

My child ..... has had the following immunisations:

Hepatitis B                      Polio                      Tetanus                      Pertussis                      HIB  
Mumps                      Rubella                      Other .....

My child has/has not been in hospital.  
If yes, please give details including any ongoing treatment:

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.....  
.....

My child has/has no physical disabilities.  
If yes, please give details including any special equipment or assistance required:

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.....

My child has/has no infectious disease (s).  
If yes, please give details:

.....  
.....

Please record any other information that will assist Havelock North Intermediate School in ensuring a safe school environment for your child:

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.....

**I declare the above information to be accurate and true.**

**Signed** ..... (parent)

**Date** .....

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## Office Use Only

1. Details of health insurance for family seen. Copy attached.