

NLCS Medical Centre Welcome Letter

Dear Parents,

We are pleased to welcome all existing and new students to another exciting academic year. At the NLCS medical centre, we make sure we cater to matters relating to your children's health, as best as we can. Our team comprises of:

Dr Mufaza Asrar - School Physician DHA
Ms Margelyn Garcia - Registered Nurse DHA
Ms Anjana Bharathan - Registered Nurse DHA
Ms Rowena Carbo - Registered Nurse DHA

We see many acute medical problems daily, ranging from minor illnesses to injuries. Our focus is on the child, making sure they get the best possible medical attention without missing lesson time unnecessarily.

Another aspect to consider is the health of the wider school community when it comes to managing infectious illnesses.

To help us do this effectively, please make sure if your child has a temperature, cough, sneezing, sore throat, diarrhea, vomiting, any rash or any other symptoms that may be contagious, please keep them at home and seek medical advice as appropriate. If we see any children with the above symptoms in clinic, we usually advise parents to pick them up.

After 3 consecutive days off from illness, the school requires a doctor's note.

At the medical centre, we also store prescribed medication for children with chronic conditions such as diabetes, asthma or severe allergies etc. Please contact us if you need any information regarding this.

We follow the DHA's health guidance protocols. We are also required to have updated medical information and immunisation records for all children, yearly.

We will be grateful if you can fill in the **mandatory DHA medical form attached** and provide us with your child's latest **immunisation record**.

We also offer medical examinations and immunisations to children in certain grades, regarding which, we will be in touch through the year.

Please send the completed forms and records to our nurses: nurse@nlcsdubai.ae

Kind Regards

Dr Mufaza Asrar Rashid
School Physician
MBBS MRCGP UK DRCOG
Consultant Family Medicine DHA
doctor@nlcsdubai.ae

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Public Health Protection Department- School Health Section

Student Medical Form & General Consent

Student
Photo

Dear Parent/ Guardian of the Student:

Please fill the following form accurately to ensure maintaining and monitoring your child's health and wellbeing during the school Academic year

School Information					
School Name: Grade: Section:					
Student Information					
Student Full Name: Gender:					
Date of Birth: Nationality:					
Parent or Legal Guardian Name: Relationship:					
Mobile Number (1): Mobile Number (2):					
E-Mail: Emirate:					
In case of Emergency and we are unable to reach the parent/guardian, the following person can be contacted:					
Name: Relationship: Mobile Number:					
Required Attachments					
Student's Emirates ID Copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ID Number:		
Student's Passport Copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Original Vaccination Card or Updated Copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Health Card Copy (if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health Card Number:		
Health Insurance Card Copy (if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Student Medical History					
	Health Problem	Yes	No	Comments	
1	Does the student suffer from any allergy to medicine, food, dust, etc? If yes, please specify in comments				
2	Does the student suffer from any Cardiovascular problem?				
3	Does the student suffer from Diabetes?				
4	Does the student suffer from Hypertension?				
5	Does the student suffer from Bronchial Asthma?				
6	Does the student suffer from any Renal Problem?				
7	Does the student suffer from Epilepsy or Convulsion /seizures?				
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8	Does the student suffer from Epistaxis?			
9	Does the student suffer from Hemolytic Anemia, type G6PD?			
10	Does the student suffer from any Hereditary Blood Disease (e.g. Thalassemia, sickle cell anemia, Hemophilia)? If yes, please specify in comments			
11	Does the student suffer from any Skin Problem?			
12	Does the student suffer from any Eye problem (Myopia, Hyperopia...)? If yes, please specify in comments			
13	Does the student suffer from any Hearing problem?			
14	Does the student use any medical aid device? If yes, please specify the device details in comments			
15	Did the student undergo any surgery in the past? If yes, please specify the details in comments			
16	Was the student ever hospitalized? If yes, please specify the reasons in comments			
17	Does the student have any health condition that could weaken the immune system such as Cancer (Blood cancer, Lymphoma), or an organ transplant? If yes, please specify in comments			
18	Did the student get any blood, antibodies or plasma transfusion in the past?			
19	Did the student suffer from any of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), If yes, please specify details in comments			
20	Did the student suffer from Viral Hepatitis?			
21	Did the student suffer from Poliomyelitis (Infantile paralysis infection)?			
22	Does the student suffer from any Mental or Behavioral Problem? If yes, please specify in comments			
23	Does the student suffer from any other Problem or disease not mentioned here? If yes, please specify in comments			

If the student suffer/suffered from any of the health problems mentioned or not mentioned above, please answer the following questions

Medications or Treatments taken continuously

Medicine Name: **Dosage:**

Emergency Medications

Medicine Name: **Dosage:**

Any treating Doctor instructions on Student's nutrition

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Public Health Protection Department- School Health Section

Student Medical Form & General Consent

Any treating Doctor instructions on Student's physical activity and exercise				
.....				
Any treating Doctor instructions for Student's School Doctor/Nurse to apply during the school day				
.....				
Family Medical History				
	Health Problem	Yes	No	Comments
1	Any Cardiovascular problem and Hypertension			
2	Diabetes			
3	Any Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia)			
4	Any type of Cancer			
5	Any Immune System problem			
6	Any Mental Health problem			
7	Others, please specify in comments			
I agree for my child to have curative and/or preventive services that may include first aid, screening for height, weight, vision acuity, hearing test, dental checkup, Back examination scoliosis screening, Comprehensive Medical Examination, referral to emergency room when necessary, administer emergency medications when needed, and applying the Healthcare Management plan which is planned for based on the instructions of the				
Parent/ Guardian approval and verification for the above mentioned information				
<input type="checkbox"/> I certify that the above provided information are valid				
<input type="checkbox"/> I agree for my child to be provided with the above mentioned health services according to the need				
<input type="checkbox"/> I disagree for my child to be provided with the above mentioned health services (In case of refusal, the above services will not to be offered except in emergency situations which require immediate intervention)				
Parent /Guardian Name: Relationship:				
Parent/ Guardian Signature: Date:				
Notes				
<ul style="list-style-type: none"> • Please attach medical reports about the Student's health problem, if any • It is the responsibility of the Student's Parent/ Guardian to inform the school clinic of any changes in the Student's health status and submit medical reports accordingly to update the Student's Medical Record at 				

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School.
<ul style="list-style-type: none">• This consent has to be filled each academic year and updated whenever required

Please contact the School Doctor/Nurse if there are any queries

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