

**CHILDREN TAKING PART IN ENTERTAINMENT/MODELLING
CONFIDENTIAL MEDICAL QUESTIONNAIRE**

Name of child..... Date of Birth.....

Address.....

..... Tel No.....

School.....

Family Doctors Name.....

Address.....

****Please answer all the following questions***

1. Does your child have any of the following?

- | | |
|-------------------------|--------|
| Asthma or chest trouble | YES/NO |
| Heart trouble | YES/NO |
| Skin Problems | YES/NO |
| Diabetes | YES/NO |
| Fits or epilepsy | YES/NO |
| Physical disability | YES/NO |

2. Does your child take any regular medication? YES/NO

3. Does your child have hearing problems? YES/NO

4. Does your child have poor vision? YES/NO

5. Is your child attending a hospital specialist? YES/NO

6. Is there anything you would like the doctor to know? YES/NO

Please give details.....

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I consider my child fit to undertake this work YES/NO

Signed..... Dated.....

****On the basis of these answers the authority may require a further examination be undertaken by a medical practitioner.***