

# MEDICAL DETAILS FORM

Student's Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Roll Class: \_\_\_\_\_

- My child **does not have** any known medical conditions. Complete Medicare Number and return.
- My child **has** the following known medical conditions: Complete form where applicable and return.

<b>Medicare Number:</b>		
<b>Doctor's Name:</b>		<b>Phone Number:</b>

<b>Medical Condition 1:</b>	
<b>Medical Condition Category:</b> <i>(Please use list of Medical Condition Categories provided)</i>	
<b>Symptoms:</b> <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
<b>Management:</b> <i>(Include any special instructions the school should follow with regard to this condition)</i>	

<b>Medical Condition 2:</b>	
<b>Medical Condition Category:</b> <i>(Please use list of Medical Condition Categories provided)</i>	
<b>Symptoms:</b> <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
<b>Management:</b> <i>(Include any special instructions the school should follow with regard to this condition)</i>	

<b>Medical Condition 3:</b>	
<b>Medical Condition Category:</b> <i>(Please use list of Medical Condition Categories provided)</i>	
<b>Symptoms:</b> <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
<b>Management:</b> <i>(Include any special instructions the school should follow with regard to this condition)</i>	

If your child has additional medical conditions please attach details of all medical conditions.

\_\_\_\_\_  
Parent/Carer's Signature

Education Queensland  
**Standardised Medical Condition Category List**

Acquired brain injury
Allergies /Sensitivities
Anaphylaxis
Airway/lung/breathing - Oxygen required (continuously/periodically)
Airway/lung/breathing - Suctioning
Airway/lung/breathing -Tracheostomy
Airway/lung/breathing -Other
Artificial feeding - Gastrostomy device (tube or button)
Artificial feeding - Nasogastric tube
Artificial feeding - Jejunostomy tube
Artificial feeding - Other
Asthma
Attention-deficit /Hyperactivity disorder (ADHD)
Bladder and bowel - Urinary wetting, incontinence
Bladder and bowel - Faecal soiling, constipation, incontinence
Bladder and bowel - Catheterisation (continuous, clean intermittent)
Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair
Bladder and bowel - Other
Blood disorders - Haemophilia
Blood disorders - Thalassaemia
Blood disorders - Other
Cancer / oncology
Coeliac disease
Cystic Fibrosis
Diabetes - type one
Diabetes - type two
Ear/hearing disorders - Otitis Media (middle ear infection)
Ear/hearing disorders - Hearing loss
Ear/hearing disorders - Other
Epilepsy - Seizure
Eye/vision disorders
Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid
Heart/cardiac conditions - Heart valve disorders
Heart/cardiac conditions - Heart genetic malformations
Heart/cardiac conditions - other
Mental Health - Depression
Mental Health - Anxiety
Mental Health - Oppositional defiant disorder
Mental Health - Other
Muscle/bone / musculoskeletal disorders - spasticity (Baclofen Pump)
Muscle/bone / musculoskeletal disorders - Other
Skin Disorders - eczema
Skin Disorders - psoriasis
Swallowing/dysphagia - requiring modified foods
Swallowing/dysphagia - requiring artificial feeding
Transfer & positioning difficulties
Travel / motion sickness
Other