

2023/24 甲類通告第 008 號  
12<sup>th</sup> September, 2023

Dear Parents,

**Physical Education Lessons and Medical History Record**

Physical Education (PE) is a part of the school curriculum and students are required to attend PE lessons. For student safety, the school needs to acknowledge students' health condition, so as to arrange appropriate activities. Therefore, parents are advised to fill in the "Medical History Record" below. If students have specific health concerns, please tick in the appropriate boxes in the record form.

If students have to be temporarily exempted from attending PE lessons, parents must submit relevant medical certificate from registered doctors. In case there are any changes in the students' health conditions, please contact the class teachers and the school immediately.

(Please turn over to fill in the information)

CHENG Yuk-Ching  
Headmistress

**MEDICAL HISTORY OF STUDENT (RESTRICTED DOCUMENT)  
 (TO BE COMPLETED BY PARENTS / GUARDIAN)**

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ ( ) **Sex:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (In the format of YYYY/MM/DD)

**Emergency Contact:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_

- Please tick in the appropriate box, and provide relevant information (if applicable)
  - My child **CAN** attend PE lessons (including online PE lessons), and I declare that my child(ren) has a good health condition
  - My child **CANNOT** attend PE lessons (including online PE lessons), and medical certificate is attached
- Other supplementary information: \_\_\_\_\_
- If the student has ever had the medical condition(s) below, please put a tick in the appropriate box(es) and give details:

Name of illness	Age detected	Details of disease	Recommended treatment (if applicable)
<input type="checkbox"/> G6PD deficiency			
<input type="checkbox"/> Bronchial asthma			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Fits due to fever			
<input type="checkbox"/> Kidney disease			
<input type="checkbox"/> Heart disease			
<input type="checkbox"/> Diabetes mellitus			
<input type="checkbox"/> Hearing defect			
<input type="checkbox"/> Haemophilia			
<input type="checkbox"/> Anaemia			
<input type="checkbox"/> Other blood disease			
<input type="checkbox"/> Allergy to drugs			
<input type="checkbox"/> Allergy to vaccines			
<input type="checkbox"/> Allergy to food			
<input type="checkbox"/> Other allergies (Please specify: _____)			
<input type="checkbox"/> Tuberculosis			
<input type="checkbox"/> Minor operation			
<input type="checkbox"/> Major operation			
<input type="checkbox"/> Mental problems (e.g. psychosis, depression, anxiety disorder, obsessive compulsive disorder, etc.)			
<input type="checkbox"/> Others			

Signature of Parent/Guardian

Name of Parent/Guardian

Date

**Personal Data Collection Statement**

**Purpose of Collection:** Personal data collected from your child is only used for handling matters relating to his/her health and safety. Though the provision of such data is done entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him/her in case of accident.

**Accessing personal data:** According to the Personal Data (Privacy) Ordinance, you have the right of accessing and correcting the data you have provided. For enquiries, please contact the school.

[Teacher-in-charge: Mr. MOK Yiu Wah]