



INTERNATIONAL MAARIF SCHOOLS OF BUCHAREST
ADRESA: BULEVARDUL PIPERA, NR.206 BIS,
ORAȘ VOLUNTARI, JUD. ILFOV.
TEL: 0374467544; E-MAIL: office@imsb.ro

Medical History Form Fisa Medicala

Academic Year / An scolar

Year / An

Student's name / Nume prenume elev

Date of birth / Data de nastere

This form is to be completed by the family doctor. Please complete all sides of this questionnaire and return to the Admissions Office before the child's first day of school. This information will be treated confidentially by all staff. Acest formular trebuie completat de catre medicul de familie. Va rugam sa completati toate partile acestui chestionar si sa-l trimiteti la Biroul de Admiteri inainte de prima zi de scoala a copilului. Aceste informatii vor fi tratate in mod confidential de catre toti angajatii.

1. Does the child have any of the diseases mentioned below? Are copilul una dintre bolile mentionate mai jos?

- | | | | | |
|--|---|------------------------------|-----------------------------|--|
| - Locomotive Disabilities
- Boli ale aparatului locomotor | Faulty Posture
Vicii de postura | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| - Post-streptococcal Disorders
- Boli poststreptococice | Acute Articular Rheumatism
RAA | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| | Rheum Carditis
Cardita reumatismala | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| - Respiratory Disorders
- Boli respiratorii | Chronic Bronchitis
Bronsiita cronica | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| | Asthma
Astm bronsic | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| - Cardiovascular Disorders
- Boli cardiovasculare | Valvular Heart Disease (non-rheumatic)
Valvulopatii (fara boli reumatismale) | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | If YES, please explain
In caz ca DA va rugam sa explicati |
| | Congenital Heart Defect
Malformatii congenitale de cord | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| | Other Chronic Cardiovascular Diseases
Alte boli cronice ale aparatului CV | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| - Digestive Diseases
- Boli digestive | Chronic Hepatitis
Hepatita cronica | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | If YES, please explain
In caz ca DA va rugam sa explicati |
| | Gastro-duodenal Ulcer
Ulcer gastro-duodenal | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| | Other Chronic Digestive Diseases
Alte boli cronice digestive | Yes/Da <input type="radio"/> | No/Nu <input type="radio"/> | |
| - Renal Diseases
- Boli renale | If YES, please explain
In caz ca DA va rugam sa explicati | | | |

- Neuropsychic Disorders - Boli neuropsihice	Epilepsy <i>Comitialitate (epilepsie)</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Other Neurological Diseases <i>Alte boli cronice neurologice</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	ADHD <i>Tulburari de adaptare scolara (deficit de atentie/tulburare hiperkinetica)</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Developmental or Intellectual Disability <i>Retard psihic sau intelect de limita</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
- Sensory Disorders - Boli senzoriale	Refractive Disorders <i>Vicii de refractie</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Other Sensory Disorders <i>Alte boli senzoriale</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
- Chronic Endocrinopathy - Endocrinopatii cronice	Hyperthyroidism <i>Hipertiroidie</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
- Blood Diseases - Boli de sange	Hemolytic Anemia <i>Anemii hemolitice</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	If YES, please explain <i>In caz ca DA va rugam sa explicati</i>
	Hemophilia <i>Hemofilii</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Malignant Lymphoma <i>Limfoame maligne</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Other Blood Diseases <i>Alte boli de sange</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
- Autoimmune Diseases - Boli autoimune	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	If YES, please explain / <i>In caz ca DA va rugam sa explicati</i>	
- Chronic Metabolic and Nutrition Disorders - Boli metabolice si de nutritie cronice	Diabetes <i>Diabet zaharat</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	If YES, please explain <i>In caz ca DA va rugam sa explicati</i>
	Obesity <i>Obezitate neendocrina</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Spasmophilia (tetany) <i>Spasmofilie (tetanie)</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	Other Chronic Metabolic Diseases <i>Alte boli cronice metabolice</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	TBC regardless of Location <i>TBC indiferent de localizare</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	If YES, please explain <i>In caz ca DA va rugam sa explicati</i>
	Neoplasia <i>Neoplazii</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	
	HIV <i>SIDA</i>	Yes/Da <input type="radio"/> No/Nu <input type="radio"/>	

**2. Does the child have any food allergy or medicine allergy?
Are copilul vreo alergii alimentare sau alergii medicamentoase?**

3. Does the child take medication? /Copilul urmeaza un tratament medicamentos?

If YES, please explain / *In caz ca DA va rugam sa explicati*

**4. Please mark any of the following childhood illnesses the child has had.
Va rugam bifati oricare dintre urmatoarele boli ale copilarii pe care copilul le-a avut.**

German Measles <i>Rubeola</i>	Yes/Da <input type="radio"/>	No/Nu <input type="radio"/>	Whooping Cough <i>Tuse convulsiva</i>	Yes/Da <input type="radio"/>	No/Nu <input type="radio"/>	Measles <i>Pojar</i>	Yes/Da <input type="radio"/>	No/Nu <input type="radio"/>
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Diphtheria / Difterie Yes/Da No/Nu Mumps / Oreion Yes/Da No/Nu Chicken Pox / Varicela Yes/Da No/Nu
 Polio / Polio Yes/Da No/Nu Tetanus / Tetanus Yes/Da No/Nu

5. **Has your doctor recommended any restrictions on activity for this child? Există restricții de activitate recomandate de doctorul dvs cu privire la copil?** Yes/Da No/Nu

Explain (if yes) / Explicati (daca este cazul)

6. **Please attach a photocopy of your child's immunisation records. Va rugam sa atasati o fotocopie a inregistrarilor de imunizare ale copilului dumneavoastra.**

BCG Yes/Da No/Nu Polio Yes/Da No/Nu
 HVB Yes/Da No/Nu DTP Yes/Da No/Nu
 MMR Yes/Da No/Nu Hib Yes/Da No/Nu

Other vaccines / alte vaccinuri

Name of your child's doctor / Numele doctorului copilului dvs. _____

Tel. Doctor / Tel. Doctorului _____

Doctor's Signature & Seal / Semnatura si Parafa Doctorului _____

**PARENT/GUARDIAN CONSENT FOR EMERGENCY TREATMENT
 CONSIMTAMANTUL PARINTELUI/TUTORELUI PENTRU TRATAMENT DE URGENTA**

In the event of an accident or emergency, and parents or guardian cannot be reached, I give my consent to International Maarif Schools of Bucharest to take my child to *Grigore Alexandrescu Hospital for medical or surgical treatment.
 In caz de accident sau de urgenta, atunci cand parintii sau tutorele nu pot fi contactati, imi dau consimtamantul ca International Maarif Schools of Bucharest sa transporte copilul la *Spitalul Grigore Alexandrescu pentru tratament medical sau chirurgical.

*** Note / Nota**

Once your child has been stabilised and is out of danger, it will then be up to you to decide whether or not to move your child to a hospital of your choice.

O data ce copilul dvs. a fost stabilizat si nu mai este in pericol, atunci veti putea decide sa mutati copilul la un alt spital.

**PARENT/GUARDIAN CONSENT FOR THE ADMINISTRATION OF MEDICINE
 CONSIMTAMANTUL PARINTELUI/TUTORELUI PENTRU ADMINISTRAREA MEDICAMENTELOR**

PLEASE INDICATE YES OR NO / VA RUGAM SA INDICATI DA SAU NU

Medicine	Yes/Da	No/Nu	Medicine	Yes/Da	No/Nu	Medicine	Yes/Da	No/Nu
Paracetamol	<input type="radio"/>	<input type="radio"/>	Rennie	<input type="radio"/>	<input type="radio"/>	Arnica	<input type="radio"/>	<input type="radio"/>
Ibuprofen	<input type="radio"/>	<input type="radio"/>	Tatum Verde/Decasept	<input type="radio"/>	<input type="radio"/>	Voltaren cream/gel	<input type="radio"/>	<input type="radio"/>
Claritine	<input type="radio"/>	<input type="radio"/>	Antiseptic Cream	<input type="radio"/>	<input type="radio"/>	Baneocin powder/cream	<input type="radio"/>	<input type="radio"/>
Smecta	<input type="radio"/>	<input type="radio"/>	Aloe Vera gel	<input type="radio"/>	<input type="radio"/>	Fenistil	<input type="radio"/>	<input type="radio"/>

Parent/Guardian Signature / Semnatura Parinte/Tutore _____

Date / Data _____