



# MEDICAL QUESTIONNAIRE

## 1. PERSONAL DETAILS (please write in capital letters)

Mr.  Mrs.  Miss

Family Name:

First name:

Father's name:

Father's first name:

Mother's name:

Mother's first name:

Date of Birth:

Address:

City:

Postal Code:

State:

Country:

## 2. MEDICAL QUESTIONNAIRE

Do you have any health problems or special needs?

Yes  No

If yes, please specify:

Information	Treatment	Will you have special needs during you studies at LVIS?

### 3. SCHOOL AUTHORISATION

**Does your child need special care during her/his studies in LVIS?**

1. Allergy Yes No

If yes, please specify which allergy:

Which medicine:

Dosage:

2. Food Yes No

If yes, please specify which diet:

3. Other medicine? Yes No

If yes, please specify which illness:

Which medicine:

Dosage:

**Does your child need special infrastructures during her/his studies in LVIS?** Yes No

If yes, please specify which infrastructures:

**Do you authorise LVIS to take your child to the doctor or to the hospital if necessary?** Yes No

By signing this document, the parents or legal guardian confirm that they are aware of the following:

- Student is required to have medical care and health insurance recognised by the Swiss authorities.
- If it is not the case a **copy of the students' insurance** has to be sent enclosed to medical questionnaire.

Date:

Signature of the parents or legal guardian: