

## LIAISON HEALTH FORM

CONFIDENTIAL DOCUMENT

NAME OF THE MINER: .....

FIRST NAME: .....

DATE OF BIRTH:...../...../.....

SEX: M  F

This form collects useful information about your minor child for the purposes of his or her language stay.

### 1-VACCINATION (refer to the health record or vaccination certificates)

MANDATORY VACCINATIONS	Yes	No	DATES OF THE LAST RECALLS	RECOMMENDED VACCINES	DATES
Diphtheria				Whooping cough	
Tetanus				Haemophilus	
Poliomyelitis				Rubella-Mumps- Measles	
				Hépatite B	
				Pneumococcus	
				BCG	
				Other (specify)	

IF THE MINOR DOES NOT HAVE THE MANDATORY VACCINATIONS, ATTACH A MEDICAL CERTIFICATE OF CONTRAINDICATION.

### 2-INFORMATION ABOUT THE MINOR

Weight:..... Kg; Waist.....cm (information needed in case of emergency)

Is he undergoing medical treatment during the stay?  Yes  No

If so, attach a recent prescription and the corresponding medication (boxes of medication in their original packaging, marked with the child's name with the leaflet). No medication can be administered without a prescription.

### ALLERGIES:

FOOD

MEDICINAL PRODUCTS

OTHER (animals, plants, pollen):

Yes

Yes

No

No

Specify

If yes, attach a **Medical certificate** specifying the cause of the allergy, the suggestive signs and the course of action to take.

Does the minor have a health problem, if so, please specify  Yes  No

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### 3-HELPFUL RECOMMENDATIONS FROM PARENTS OR LEGAL GUARDIANS

Wearing glasses, contact lenses, dental or hearing aids, the child's behaviour, sleeping difficulties, bedwetting, etc...

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.....  
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### 4-PERSONS RESPONSIBLE FOR THE MINOR

Responsible N°1: NAME: ..... FORENAME: .....  
ADDRESS: .....

HOME PHONE NUMBER..... WORK PHONE NUMBER.....  
MOBILE PHONE: .....

Responsible N°2: : NAME: ..... FORENAME: .....  
ADDRESS: .....

HOME PHONE N° .....  
WORK PHONE N°.....  
MOBILE PHONE: .....

NAME & PHONE NUMBER OF GENERAL PRACTICIONER:

I, the undersigned....., the minor's legal guardian, declare the information on this form to be accurate and undertake to update it if necessary. I authorise CIEL Bretagne to take, if necessary, any measures made necessary according to the state of health of this minor.

Date:

Father's signature / Mother's signature/ Legal representative's signature