



**ETON  
COLLEGE**

**Medical Form**

Please print clearly and answer the questions below for the candidate visiting Eton. If there is not enough space to add relevant information, please attach a separate sheet and include the candidate's name.

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| <b>Family Name:</b>  | <b>First Names (underline name known by):</b>  | <b>Date of Birth: (dd/mm/yyyy)</b>   |
| <b>Home Address:</b>   | <b>Home Telephone:</b>   | <b>Emergency Telephone Number/s for Parent/s or Guardian/s:</b>  |
| <b>School (name only):</b>   | <b>Family Doctor (Name &amp; Surgery Address):</b>   | <b>Family Doctor Tel:</b>  |
| Has the candidate ever suffered from:<br>Diabetes: <b>YES / NO</b> (delete as appropriate)<br>Epilepsy: <b>YES / NO</b> (delete as appropriate)<br>Asthma: <b>YES / NO</b> (delete as appropriate)<br>Chest Problems: <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details and, where appropriate, the date of the last instance:</b><br><br>Any other serious condition or disability?<br><b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details:</b> |  | Does the candidate have an allergic reaction to any of the following:<br>Food: <b>YES / NO</b> (delete as appropriate)<br>Drugs: <b>YES / NO</b> (delete as appropriate)<br>Insect stings: <b>YES / NO</b> (delete as appropriate)<br>If YES, <b>please give details and describe the symptoms and any medication used and details of how and when it is taken:</b><br><br>Please give details of any vaccinations received during the last 12 months: |
| Is the candidate currently receiving any treatment from his doctor? <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details:</b>   | Is the candidate currently taking any medication from his doctor? <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details:</b>               |  |
| Has the candidate suffered any major illness within the last 12 months? <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details:</b>   | Has the candidate undergone an operation within the last 12 months? <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details:</b>             |  |
| Has the candidate had any physiotherapy in the last 12 months? <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give details:</b>  | Is the candidate covered by private health insurance? <b>YES / NO</b> (delete as appropriate)<br>If yes, <b>please give name of company and policy number:</b> |  |
| Will the candidate be bringing any medication with him to Eton? This might include medication prescribed by a doctor (e.g. an inhaler for asthma, an epipen to treat anaphylactic shock) or drugs bought from a pharmacy. If yes, <b>please give details of how and when the medication is to be taken:</b>  |  | <i><b>If there is any other information, medical or personal, that may be useful to those dealing with this candidate, please attach a separate sheet.</b></i>   |
| <b>Parental Consent:</b> I hereby accept that those assigned by Eton College to supervise my son/ward may act as a responsible guardian and decide on emergency medical treatment should it prove necessary.<br><b>Signature of Parent/s or Guardian/s:</b> _____ <b>Date:</b> _____<br><br>Please print Parent/s or Guardian name/s: _____  |  |  |

**IMPORTANT:** Please ensure that the Admissions Office receives in writing any information about a medical problem or illness that occurs after the submission of this form and before a boy's arrival at Eton.

**Thank you.**