



# OELC 2023 Confidential Medical Form

Name:

Date of Birth:

Ontario Health Card #:

Other Health Insurance Plan and # (if out of province/country resident):

**Have you had the following? (Yes or No)**

Appendicitis Yes No  
 Chicken Pox Yes No  
 German Measles Yes No  
 Mumps Yes No  
 Rheumatic Fever Yes No  
 Scarlet Fever Yes No  
 Tonsillitis Yes No  
 Whooping Cough Yes No

**Are your vaccinations up to date? (Yes/No and Date received)**

Date of Last Tetanus Shot Yes No  
 Diptheria/Tetanus Yes No  
 Hepatitis B Yes No  
 Hib Vaccine (Hemophilus) Yes No  
 Measles/Mumps/Rubella Yes No  
 Polio Yes No  
 Whooping Cough Yes No

**Have you had both doses of Covid-19 vaccination**

**Do you suffer from the following? (Yes or No)**

ADD/ADHD Yes No  
 Asthma Yes No  
 Diabetes Yes No  
 Epilepsy Yes No  
 Heart Condition Yes No  
 Migraines Yes No  
 Other (specify)

**Are you allergic to the following? (Yes or No)**

Animals Yes No  
 Bee Stings Yes No  
 Dairy or Lactose Intolerant Yes No  
 Fish Yes No  
 Peanuts Yes No  
 Gluten Yes No  
 Penicillin Yes No

Do you have any allergies that are life threatening?

Do you take daily medication? What is it and for what purpose?

Do you have any special dietary requirements?

Are there other conditions or something in your medical history that we should be aware of?

In case of illness or emergency, please notify

Relationship:

Phone #:

The above mentioned is in good health and not suffering from any illness or medical condition other than those declared here.

Signature of Parent/Guardian

Date

PLEASE SAVE THIS FORM AS A PDF AND SUBMIT TO [oele@oelccaso.com](mailto:oele@oelccaso.com)

The contents of this Health Form are confidential between the Registrant, medical staff and Program Director