Brillantmont
International School Lausanne

Avenue Charles-Secrétan 16
1005 Lausanne / Switzerland
Tel: +41 21 310 04 00
nurse@brillantmont.ch
www.brillantmont.ch

Doctor's Medical Form

To be completed by a Medical Doctor. All students require a current medical examination. Please return this form directly to the School Nurse: nurse@brillantmont.ch

Student's Name : Date of birth :

Previous History (tick box)

	Yes	No
Childhood disease (measles, chicken pox, mononucleosis etc)		
Prior surgery or hospitalization		
Psychological therapy		
Learning Differences (dyslexia, ADHD, or other)		

If you tick yes to any option above, please provide details including dates, treatment, and a copy of medical reports. Documents must be provided in French or English only.

Other illnesses or conditions (tick box)

	Yes	No
Respiratory (ex. asthma, bronchitis):		
Gastrointestinal (ex. recurrent diarrhea, irritable bowel, constipation, celiac, ulcers):		
Cardiovascular (ex. heart murmurs, anemia, coagulation disorders, fainting episodes):		
Neurological (ex. epilepsy, migraines, cerebral palsy):		
Orthopedic/Skeletal (ex. fractures, sprains, rheumatoid arthritis):		
Endocrinological (ex. diabetes, hormone imbalance, thyroid disorders):		
Dermatological (ex. eczema, psoriasis, acne):		
Urinary (ex. kidney disease, recurrent urinary tract infection, bedwetting):		

If you tick yes to any option above, please provide details including dates, treatment, and a copy of medical reports. Documents must be provided in French or English only.

Current medication

Name of medicine	Dose	Frequency

Student's Name :

Vaccination Information

Students are required to have the standard early childhood vaccinations. Please complete the vaccination record below and provide a copy of the complete vaccination booklet.

VACCINE	DATE					
Diphtheria*						
Tetanus*						
Polio*						
MMR* (Measles, mumps and rubella)						
Hepatitis B*						
Hepatitis A						
Varicella (Vaccine dates or date of illness)						
HPV 11-26 year old						
Covid vaccine						
Meningococcal C						
FSME (tick borne encephalitis)						
Other						

*** Required vaccinations for school admission**

Doctor's signature and stamp:

Name: .....

Signature: .....

Place: ..... Date: .....

Contact details (e-mail/telephone): .....

Stamp