



KINGDOM OF BAHRAIN
MINISTRY OF HEALTH
HEALTH CENTER DIRECTORATE

HEALTH REPORT TO SCHOOLS

Health Center/Private Clinic: _____

Student's full name: _____

Date of Birth: _____

C.P.R. No. _____ Tel. No. _____

Health Record No. _____ Family File No. _____

After reviewing the vaccination card and health record of the above mentioned student, and following an examination by the physician and dentist, the following is/are advised:

- Fit to join the general schools
- Needs assessment of his/her learning capabilities
Please specify reasons: _____
- Needs further assessment and/or treatment by: _____
- Needs dental follow up: _____
- Needs completion of immunizations, due on: _____
- Needs special care at school, due to: _____

Date: _____

Physician's name & signature: _____

Dentist's name & signature: _____

