

Name	Father's Name	Surname

Date of Birth	Age	Recent Photo
Native Place	Nationality	

Permanent Address:	Phone (Resi)	
	Phone (Off.)	
	Fax	
	Mobile	
Email Address:		

Address of any relative nearest to Nashik city (In case of emergency):	Phone (Resi)	
	Phone (Off.)	
	Fax	
	Mobile	
Email Address:		

School/College presently attended	Class

Languages Known:	Spoken	Understood	Read	Write

Arrival Details:		DD Details:		Drafts to be drawn in favour of: <u>Al-Madrassa-Al-Saifiya-Al-Burhaniya Trust. PAYABLE AT NASHIK, INDIA.</u> <i>DD to be sent to Budri Hostel Nashik.</i>
Date:		Number:		
Time:		Date:		
Route:		Amount:		
		Bank:		

Please send your forms alongwith the draft to: E-Jamaat No.

Budri Hostel, Near Shankar Nagar, Takli Road, Dwarka, Nashik, Maharashtra, India.
Ph: 0253-2501430, 0253-2590852. Mobile: 9422261652

Draft to be attached and submitted with the form on or before the 5th of May, 2003.

Only for Non-Indians: Attach a copy of passport

Admissions will be granted on first come first basis which please note.

BUDRI SUMMER CAMP-1429 H. PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
 Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Date: _____

Student's Name: _____ Sex: M F (circle one) Age: _____ Grade: _____

Date of Birth: ___/___/___ School: _____

Home Phone: (____) _____

Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Additional emergency contact: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by CIRCLING the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:
 - a. Restriction from sports for a health related problem? Y / N / Don't Know
 - b. An injury or illness since your last exam? Y / N / Don't Know
 - c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
 - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
 - d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
 - e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
 - f. Any allergies to medications? Y / N / Don't Know
 - g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
 - (1.) If yes, check type of reaction:
 Rash Hives Breathing or other anaphylactic reaction
 - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
 - h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

List all medications here:

Medication Name	Dosage	Frequency

Most recent immunizations and dates administered: