

3rd September, 2018

Dear Parents,

Circular on Student Health Status Survey

Physical Education is a formal subject of our school curriculum. Exercise regularly have great benefits on students.

If your child has ever had the following medical condition(s): heart disease, abnormal blood pressure, tuberculosis, epilepsy, bronchial asthma, serious hurt, visceral diseases, acute inflection or had surgeries etc, please write to us and specify the details. This is to ensure that students would enjoy proper care at school.

If your child has any health problems, you should seek medical advice on whether your child is suitable to participate in PE lessons and other school activities. If your child needs to be temporarily or perpetually exempted from PE lessons, please mark in details on the following reply slip and a medical certificate from a registered doctor must be produced.

For enquiry, please contact our Physical Education Panel Chairperson, Ms TSUI Chi Lai.

Yours faithfully,

Chow Kim Ho

Chow Kim Ho

Principal



Tsuen Wan Trade Association Primary School
Reply Slip of Circular 18-004/E08 < return it to Ms. Tsui via the class teacher >

Circular on Student Health Survey Status

Dear Principal,

- * I agree my child is suitable for participating in PE lessons and all school activities.
- I do not agree my child is suitable for participating in PE lessons or any school activities and a medical certificate from a registered doctor must be produced.
- I do not agree my child is suitable for participating in PE lessons or any school activities for a short term.

The reasons are as follows: _____.

Exemption from _____ to _____ for participating in PE lessons or any school activities is requested and a medical certificate from a registered doctor must be produced.

Please put a '✓' in the appropriate boxes.

Student :	Details
1. <input type="checkbox"/> Treatment or surgery	
2. <input type="checkbox"/> Now receiving treatment or medication	
3. <input type="checkbox"/> Blood transfusion	
4. <input type="checkbox"/> Heart disease	
5. <input type="checkbox"/> Chest pain	
6. <input type="checkbox"/> Hypertension	
7. <input type="checkbox"/> G6PD	
8. <input type="checkbox"/> Recurrent syncope	
9. <input type="checkbox"/> Lung disease for example: asthma, Emphysema, bronchitis	
10. <input type="checkbox"/> Diabetes	
11. <input type="checkbox"/> Spasm	
12. <input type="checkbox"/> Trauma, patients with joints and bones	
13. <input type="checkbox"/> Trauma with head or neck	
14. <input type="checkbox"/> Damage such as paralysis, loss of hearing and sight	
15. <input type="checkbox"/> Tuberculosis	
16. <input type="checkbox"/> Visceral disease	
17. <input type="checkbox"/> AIDS	
18. <input type="checkbox"/> SARS	
19. <input type="checkbox"/> Cancer or benign tumors	
20. <input type="checkbox"/> Other disease	

Student's Name: _____()

Parent's Signature: _____

Class: _____

Date: _____

* Please put a '✓' in the appropriate box.