



ST JOAN OF ARC SECONDARY SCHOOL

聖貞德中學

55 Braemar Hill Road, Hong Kong. 香港北角寶馬山道五十五號

Tel.電話: 2578 5984 2578 5570 Fax.傳真: 2578 5725 Website 網址: www.sja.edu.hk

Reference no. : P03 /2021-2022

Date: 2/9/2021

Dear Parents/Guardians:

Education Bureau Department has made it mandatory for all schools to keep students health record, as the reference for PE Teacher and extra-curricular activities. Please complete the attached "Medical History of Student (2021-2022)" and "Recommendation for Participation in Physical Activities by Students with Heart Diseases (2021-2022)" for the school archives. The data collected is for school use only and will not be disclosed to others without obtaining prior consent of parents.

If your child needs to be temporarily or permanently exempted from physical activities, parents' letter and medical certificate from a registered doctor must be provided.

In case of injury, our school will handle the accident immediately and notify the parents as soon as possible. Should the need arise, we will call the ambulance and transfer them to the nearest public hospital. (Pamela Youde Nethersole Eastern Hospital (PYNEH))

Please return the following reply slip on or before 10/9/2021 to the class teacher for record keeping. If there are any changes in your child's health conditions, please notify the school immediately.

Yours sincerely,

Mr. Yuen Cheung Oi
Principal



Let your hope keep you joyful, be patient in your troubles, and pray at all times. (Romans12:12)

(Reply Slip)

Ref. no.: P03 /2021-2022

Dear Principal:

I have carefully read your letter dated 2/9/2021, and completed the "Medical History of Student (2020-2021)" for school reference.

Signature of
Parent/Guardian : _____

Name of
Student : _____

Name of
Parent/Guardian : Mr./Mrs./Ms.

Class : _____ ()

Emergency
Telephone No: _____

Date : _____

St. Joan of Arc Secondary School
Medical History of Student (2021-2022)
 (to be completed by Parent/Guardian)

Appendix

(Restricted – The information provided will only be used for school’s reference)

Name of Student : _____ Sex : _____ Class: _____ Class No.: _____

Date of birth : _____

Name of Parent/Guardian : _____ Emergency Telephone No.: _____

1. If the student has ever had the medical condition(s) below, please put a “✓” in the appropriate box(es) and give details.

	Description	Age detected	Details of disease	Recommended treatment (if applicable)
	G6PD deficiency			
	Bronchial asthma			
	Epilepsy			
	Fits due to fever			
	Kidney disease			
	Heart disease			
	Diabetes mellitus			
	Hearing defect			
	Haemophilia			
	Anaemia			
	Other blood disease			
	Allergy to drugs			
	Allergy to vaccines			
	Allergy to food			
	Other allergies (Please specify: _____)			
	Tuberculosis			
	Minor operation			
	Major operation			
	Others			

2. If the student is considered not suitable for participation in PE lessons or any other types of school activities, please specify and submit a medical certificate for school's reference.

3. If the student is allergic to any food, drugs or vaccines, please specify for school's reference.

4. Other supplementary information:

Date

Signature of Parent/Guardian

Collection of Personal Data

Purpose of Collection:

Personal data collected from your child is only used for handling matters relating to his/ her health and safety. Though the provision of such data is done entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him/ her in case of accident.

Access to Personal Data

According to Personal Data (Privacy) Ordinance, you have the right to access and correct the data supplied. Please contact the school if necessary.

**Recommendation for Participation in
Physical Activities by Students with Heart Diseases (2021-2022)**

(To be completed by a family doctor, pediatrician or cardiologist)

Name of student: _____ Type of heart disease: _____

(Please put a "✓" in the appropriate box)

Grading of heart disease: trivial moderate
 mild severe

Level of physical activity recommended: -

- Strenuous Exercise:** Normal participation in Physical Education (PE) lessons and all kinds of physical activities like other children e.g. athletic events, marathon running, endurance training, etc is suitable.
- Moderate Exercise:** Suitable to participate in school PE lessons **except strenuous competitions or prolonged exercise.** Suitable to participate in ball games like tennis, basketball and football (could allow up to 70% maximum target heart rate, that is, about 140 beats per minute). Should be allowed to stop exercise at any time when feeling tired.
- Light Exercise:** May participate in school PE lessons but **should not engage in much running and strenuous competitive sports activities** (must beware that the heart rate should not exceed 110 beats per minute) like jogging, balancing, throwing and catching activities. The student should stop exercise immediately when feeling tired or unwell.
- Non-strenuous Exercise:** Must not run or participate in school PE lessons. **Only non-strenuous recreational activity** is suitable, like walking on level ground, etc.

Name of Doctor: _____

Signature: _____

Title: _____

Date: _____