

STUDENT'S PERSONAL HEALTH CARD

(Under Law 4229/2014, Article 11, par. 2)



Ministry of Education
and Religious Affairs

FULL NAME (IN CAPITAL LETTERS):

DATE OF BIRTH:

FAMILY'S CONTACT NUMBER:

Ministry of Health SCHOOL: CLASS:

The Student's Personal Health Card (ADYM) is kept at the School and a copy is kept in the Child's Health Booklet. The content of ADYM is confidential.

It is completed after a preventive medical examination that includes a medical history and a physical examination, according to the Medical examination sheet for the Student's Personal Health Card. Further specific examination is only done on specific medical grounds. The results of the examination concerning the School are noted in the ADYM.

In the event of a change in the child's health status, the ADYM shall be updated with the parents'/guardians' responsibility.

FOR THE INFORMATION OF THE SCHOOL

(It is noted in order to support the child at school and with the final decision of the doctor, after consultation with a parent/guardian or the child. Information, whose absence could put the child at risk, shall not be omitted.)

MEDICAL REPORT

FOR PARTICIPATION IN THE PHYSICAL EDUCATION COURSE, IN SPORTS AND OTHER SCHOOL ACTIVITIES*

Participation without restrictions Participation with restrictions > Health problems and restrictions guidelines:

(The preventive examination revealed no reasons for restrictions)

(Due to health problems)

Referral for specific examination** (From the other systems there are no findings that require restriction of the participation in school activities)

> Specialty/ies where referral is made:

Date of examination

Doctor's signature & stamp

Health Unit's Stamp (for doctors ESY/PEDY)

MEDICAL REPORT AFTER SPECIFIC EXAMINATION**

FOR PARTICIPATION IN THE PHYSICAL EDUCATION COURSE, IN SPORTS AND OTHER SCHOOL ACTIVITIES*

Participation without restrictions Participation with restrictions > Health problems and restrictions guidelines:

(The preventive examination revealed no reasons for restrictions)

(Due to health problems)

> Medical specialty

> Examination done:

Date of examination

Doctor's signature & stamp

Health Unit's Stamp (for doctors ESY/PEDY)

* This medical report does not apply to Panhellenic School Games and Panhellenic School Championships, it also does not apply to school activities implemented by another body other than the School or the Ministry of Education and Religious Affairs.

** It concerns the specific examination which, at the discretion of the doctor who carried out the preventive examination, is necessary in order to get a medical report for participation in school activities. In these cases, a referral note is given with a description of the reasons for the referral.

Scientific supervision:

Institute of Child Health, Department of Social and Developmental Pediatrics, National School of Public Health, Child Health Sector

MEDICAL EXAMINATION SHEET FOR STUDENT'S PERSONAL HEALTH CARD

(It is kept in the file of the doctor or the Health Unit)

			M <input type="checkbox"/> F <input type="checkbox"/>	
Student's last name	Student's first name	Date of birth	Sex	AMKA

MEDICAL HISTORY (To be completed and signed by a parent/guardian. If necessary, explanations are given or it is filled in by the doctor.)

Child's history: general questions		YES	NO	Family's history: heart problems		YES	NO
1	Does the child have or has ever had a serious illness?			13	Has anyone in the family experienced a fainting episode or convulsions of unknown etiology?		
2	Has the child ever been hospitalized (overnight)?						
3	Has the child ever had any surgery?						
4	Does the child take or has ever taken any medication regularly?			14	Is there anyone in the family known to have any hereditary cardiovascular disease, such as hypertrophic or dilated cardiomyopathy, arrhythmogenic right ventricle, Naxos disease, Marfan syndrome, long or short QT syndrome, Brugada syndrome?		
5	Does the child have any allergy (food, drug, other)?						
Child's history: : heart problems							
6	Has the child ever been diagnosed with a heart problem or high blood pressure?						
7	Has the child ever passed out during or after exercise or for no apparent reason?			Child's history: other issues			
				15	Has the child ever had an episode of convulsions?		
8	Has the child ever complained of pain, pressure or chest weight during exercise?			16	Has the child ever had a cough, a wheezing or difficulty breathing during exercise?		
9	Is the child getting tired or short of breath when exercising much more easily than other children of the same age?			17	Has the child ever had pain or serious injury to the bones, muscles, and joints or ever had arthritis?		
10	Has the child ever complained that his/her heart beats fast or irregularly ("flutters") during exercise?			18	Do you think the child might have a vision problem?		
				19	Do you think the child might have a hearing problem?		
Family's history: heart problems				20	Do you have any concerns about his/her weight or diet?		

11	Is there a person in the family who died from a heart related cause, sudden or unexplained death at a young age (<50 years)?			21	Are you or the school concerned about any issue about his/her development (e.g. speech, movement, learning ability)?		
				22	Are you or the school concerned about any issue about his/her mood or behavior (e.g. sadness, sociability, aggression positivity, anger, hyperactivity, sphincter control)?		
12	Is there a person in the family who had a heart attack or coronary heart disease or stroke in young or middle age (<55 years for men and <65 years for women)?			23	Is there anything else you would like to discuss?		

Additional information for "YES" questions:

I attest, to the best of my knowledge, to the accuracy of the above.

Parent's/Guardian's full name	Relationship with the child	Date of completion	Signature	Contact number

PHYSICAL EXAMINATION *(Filled in by the doctor)*

Measurement					
Weight:	kg	Height:	m	BMI:	
			Heart beats:	/min	
				Blood Pressure:	
				mmHg	
Medical examination		Normal	Pathologic findings		
1	Overview, skin, signs of Marfan syndrome				
2	Visual acuity, strabismus				
3	Oral cavity, teeth				
4	Heart auscultation (murmurs, tones, rate), femoral)				
5	Respiratory system				
6	Abdomen, liver/spleen, genitals				
7	Nervous and musculoskeletal system, scoliosis				
8	Other findings				

ADDITIONAL ELEMENTS FROM THE MEDICAL HISTORY OR THE PHYSICAL EXAMINATION – CONCLUSIONS

(Filled in by the doctor)

	<p>Report for participation in school activities:</p> <p><input type="checkbox"/> Without restrictions</p> <p><input type="checkbox"/> With restrictions</p> <p><input type="checkbox"/> Referral → Specialty/ies:</p>
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Control of vaccination coverage	YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments:
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Doctor's full name	Date of completion	Doctor's Signature / Stamp→
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Scientific supervision:

Institute of Child Health, Department of Social and Developmental Pediatrics, National School of Public Health, Child Health Sector