MEDICAL EXAMINATION 2026-2027

Confidential document to be completed by your physician and returned to jdufourd florimont.ch

Surname : ..... First name : .....

Date of birth : ..... Gender : M ☐ F ☐

Weight :..... BMI : .....

	Normal	Remarks
Psychomotor development		
Language		
Vision		
Audition		
Dentition		

Allergies (préciser) : .....
Does this allergy require emergency treatment in the infirmary : oui* ☐ non ☐

Asthma : ☐Non ☐Oui*.....

Migraines :☐Non ☐Oui*.....

Chronic illnesses (details) : .....

Traitement médicamenteux* en cours (préciser) : : .....

.....

* Doctor's prescription and medicines must be delivered at the very beginning of the school year. Parents are invited to directly organize an appointment with our nurse :
infirmerie@florimont.ch / +41 22 879 00 33.

Special external follow-up à l'extérieur (préciser) : .....

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Vaccin	Vacciné et à jour	Non-vacciné	Autre
Diphtheria, tetanus and pertussis (whooping cough)			
Poliomyelitis (polio)			
Haemophilus influenzae type b (Hib)			
Hepatitis B			
Pneumococcal disease (PCV)			
Rotavirus			
Meningococcal B (MenB)			
Meningococcal ACWY (MenACWY)			
Measles, mumps and rubella (MMR)			
Chickenpox (varicella)			
Human papillomavirus (HPV)			
Respiratory syncytial virus (RSV)			
Tick-borne encephalitis (TBE)			

Name of the physician : .....

Phone/City : .....

Date : .....

Physician's stamp and signature : .....

Florimont guarantees the confidentiality of all the information received.