



Health Assessment Consent Form

I, _____, parent of
_____, hereby give consent for my
child to receive a basic health assessment screening.

I understand that the screening will be done by Zaakirah Rasdien which includes:

- A review of your child's clinic card, checking that all relevant vaccinations have been given & administering of any missed vaccinations
- administering of vitamin drops & deworming every 6 months
- weight & height assessment
- age appropriate general assessment
- basic hearing & eye-sight test
- nutritional advice should there be a need for it
- professional referrals should there be a need

Signature

Date