

PACIFIC TORAH INSTITUTE

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MEDICAL HISTORY

Please print carefully and legibly.

For Admission in Sep	ot Entering	Grade	Dormitory	Non-Dormitory
Name of Student			Date of Birth _	Mth/Day/Year
Home Address		Home Phone		
City	State/Province _	Zip	Code/Postal Code	e
Father's First & Last Name		WorkMol		Mobile
Mother's First & Last Nam	e	Work		Mobile
1 st Emergency Contact: _		Relation t	o Student	
Home	Work		Mobile	
1 st Emergency Contact:		Relation to Student		
Home	Work		Mobile	
BC Medical #				
		Phone		
Specialist's Name		Phone		
Please list any existing me	edical conditions:			
Please list any medical co	nditions from the last	three years: _		
Please list any medication dosage, and if he will be s	•			eason, daily schedule,
Medication	Reason	Daily Sche	dule/Dosage	Self-Administering Y or N

Please describe any c	ther health concerns or issues that y	ou feel the Yeshiva should be aware of:			
phobias, severe shyne	ess, etc.				
I hereby certify that the information given in this form is complete and accurate.					
Parent's Name	Signature of Parent	 Date			