

I.E.C. Afrique du Sud	AS / Int / F012 R2	Page 1/1
Approved by :	SUBJECT IDENTIFICATION FORM (CHILD)	

NAME OF PARENT/GUARDIAN:

SURNAME : (1 letter per box)

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FIRST NAMES : (1 letter per box and a space between 2 first names)

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NAME OF CHILD:

SURNAME : (1 letter per box)

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FIRST NAMES : (1 letter per box and a space between 2 first names)

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DETAILS OF CHILD:

SEX* : M. F.

DATE OF BIRTH _____ AGE _____

TELEPHONE NUMBER :

Home : _____ Cell _____

ADDRESS :

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Date of completion of form _____ Initial of staff member _____

I.E.C. Afrique du Sud	AS / Int / F033	Page 2/1
Approved by :	PRESELECTION QUESTIONS FOR CHILDREN	Page 2/6

VOLUNTEER NAME _____

CODE :

GENERAL QUESTIONNAIRE

- Any medical problems?

- . Heart :
- . Eating :
- . Brain :
- . Psychiatric :
- . Known diabetes :
- . Skin :
- . Eye :

If YES give details _____

Has your child ever undergone any operations? YES NO

If YES state precise date and reason _____

Is your child on any medication?

1. _____ Reason _____

2. _____ Reason _____

3. _____ Reason _____

4. _____ Reason _____

5. _____ Reason _____

Does your child suffer from one of the following?Eczema : Contact eczema :

If yes, where?

Thorax Arms Hands Legs Feet Face Scalp Neck .Neckline **Does your child get severe reactions to insect bites ?** **Does your child suffer with?**1. *Eczema*

If yes, location ?

Elbow folds Knees folds Others (precise) 2. *Recurrent asthma* 3. *Recurrent conjunctivitis* 4. *Documented rhinitis*

If yes, origin ?

Pollen Acarids Animals Others(precise)

If yes, during which period of the year ?

Winter Spring Summer Autumn **Does your child suffer from intolerance to one of the following foods ?**

If yes, please tick the appropriate one

. Fish . Shell-fish . Milk . Banana . Kiwi . Peach . Green peas . Beans . Cheese . Eggs . Avocado . Peanuts . Celery . Carots . Others →
(precise)

Is your child allergic to any of the following?

If yes, please tick the appropriate one

- | | | | | | |
|-------------------|--------------------------|-----------------|--------------------------|-------------------|----------------------------|
| . Aspirin | <input type="checkbox"/> | . Penicillin | <input type="checkbox"/> | . Sulpha drugs | <input type="checkbox"/> |
| . Tartrazine | <input type="checkbox"/> | . Mercurochrome | <input type="checkbox"/> | . Mercryl laurylé | <input type="checkbox"/> |
| . Iodized alcohol | <input type="checkbox"/> | . Betadine | <input type="checkbox"/> | . Others : | <input type="checkbox"/> → |
| . Latex | <input type="checkbox"/> | | | (precise) | |

Has your child ever developed skin reactions when in contact with the following products ?

If yes, please tick the appropriate one

- | | | | | | |
|---------------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|
| . Costume jewellery | <input type="checkbox"/> | . Denims stud | <input type="checkbox"/> | . Hair products | <input type="checkbox"/> |
| . Detergents | <input type="checkbox"/> | . Rubber | <input type="checkbox"/> | . Disinfectant | <input type="checkbox"/> |
| . Cement | <input type="checkbox"/> | . Paint | <input type="checkbox"/> | . Plastic | <input type="checkbox"/> |
| . Glue | <input type="checkbox"/> | . Varnish | <input type="checkbox"/> | . Wood | <input type="checkbox"/> |
| . Textile | <input type="checkbox"/> | . Tree sap | <input type="checkbox"/> | . Nickel | <input type="checkbox"/> |
| . Aluminium | <input type="checkbox"/> | . Adhesive plaster | <input type="checkbox"/> | . Others : | <input type="checkbox"/> |
| | | | | (precise) | |

Has your child ever had a reaction to cosmetics? : (abnormal reaction to the usual cosmetic products).

eg. moisturisers, bum creams, wet wipes, powders, shampoos, body washes etc

If yes, please precise

sensation of prickling peeling sensation of heat sensation of burning other _____ (eg tightness)

Do you use a moisturising cream on your child?

If yes, please precise :

Application area :

face arm legs body

Gender M. F.

Height (cm) _____

Weight (kg) _____

Tolerance to sun (without any protection)

Phototypes

I turns red, burns and does not get tanned

II turns red, burns and sometimes gets slightly tanned

III turns red frequently but slightly, then gets tanned more or less moderately

IV sometimes turns red, then gets moderately tanned

V hardly turns red, gets intensively tanned

V volunteer of black race : non-sensitive skin

Face skin

Types

normal

dry

oily

Use of soap

- without any problem - tolerated but slightly dries the skin
- dries and/or irritates the skin - marked intolerance
(redness, tugging, prickling)

Does your child ever have problems with their skin after the following (itching, burning, prickling or general discomfort)

- . exposure to cold
- . exposure to wind
- . extreme sun exposure
- . after repeated washing of the skin

Skin colour (flesh-tint)

- albino - milk-like - light
- mat - black - intermediate

Eye colour

- blue - green - brown
- grey - black

Natural hair colour

- white - red - blonde - light brown
- dark brown - brown - black

Are your child's eyes sensitive to any of the following?Wind Sun Pollution Cosmetics Shower/swimming