

SCHOOL ABSENCE AND HOLIDAY SICKNESS RECORD
NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON)
SOCIETY OF MEDICAL OFFICERS OF HEALTH, & POPULATION INVESTIGATION COMMITTEE
13, ENDSLEIGH STREET, LONDON, W.C.1.

Ref. No.

Name

Address

School

FOR THOSE WHO HAVE MOVED

New Address

.....

.....

L.E.A.

New School.....

If the Family has moved to another Authority please enter the new address and the name of the new L.E.A. and new school in the space provided. If the child cannot be traced please enter the last address and any other information that might help us to trace him.

HOW TO FILL IN THIS FORM

The aim of this form is to bring up to date our information on illnesses and accidents. It should be completed during the early weeks of the Summer term when any illnesses or accidents that have occurred during the Easter holidays will still be fresh in the mothers' minds.

The third question on this form refers to school absences. The part printed in red should be copied from the special school absence record which the class teachers have been keeping for each survey child, and the brief notes on treatment (printed in black) should be added when the mother is visited. Each period of absence should be checked with the mother and any further details that are of interest should be entered in the "Remarks" column. It is hoped that reasons will be given for all periods of absence whether from illness or any other cause and that for each illness you will be able to say whether the child was put to bed and where and by whom he was treated.

The fourth question asks for details about illnesses and accidents occurring during the school holidays. In order to refresh the mother's memory a list of the common illnesses and of those in which we are specially interested is given. The mothers should be asked specifically whether their child has had each of these illnesses.

Completed Forms should be returned to the School Medical Officer and not directly to the Joint Committee.

1. If this child has died please state

(a) Date of death.....

(b) Cause of death (if known)

(For all living children)

2. (a) Parent or relative interviewed

Mother 1

Father 2

Other person, namely.....

No one 0

(b) If mother not interviewed give reasons

.....
.....
.....

COPY FROM ABSENCE RECORDS

MON.	TUES.	WED.	THURS.	FRI.	WEEKS ENDING 1953	REASON FOR ABSENCE (Please make sure that all absences have been recorded).	Tick if a Medical Certificate was produced
					Jan. 2nd		
					" 9th		
					" 16th		
					" 23rd		
					" 30th		
					Feb. 6th		
					" 13th		
					" 20th		
					" 27th		
					Mar. 6th		
					" 13th		
					" 20th		
					" 27th		
					April 3rd		
					" 10th		
					" 17th		
					" 24th		

X = Absent Whole Day; / = Absent Half Day; O = School Closed (Half Term, etc.).

3. (a) If no absence records are available please give reason

4. SICKNESS AND ACCIDENTS DURING EASTER HOLIDAYS

(a) Easter holidays. Started, 1953. Ended, 1953.
 (b) Details of Illnesses and Accidents during the Holidays.

(Please read over the following list of illnesses to make sure that none has been forgotten :—Asthma, Fits or Convulsions, Vomiting, Abdominal Pain, Jaundice, Earache, Discharging Ears, Sore Throat or Tonsillitis, Swollen Glands in Neck, Bronchitis or Pneumonia, Measles, Whooping Cough, Mumps, Scarlet Fever, German Measles, Chicken Pox, any other Illness or Disability, Accidents.)

(If no illness or accidents, please strike through this question.)

	Type of Illness or Accident	Number of Days in Bed (If not sent to bed put "None")	Where Treated Hosp. I.P. Hosp. O.P. Nursing Home Own Home	If at Home who gave Treatment, Doctor, Nurse, Chemist, Other	Remarks
FIRST Illness or Accident					
SECOND Illness or Accident					

FURTHER DETAILS OF ALL HOSPITAL ADMISSIONS AND ACCIDENTS ARE NEEDED IN Q. 6 and Q. 7.

HOME VISIT—DETAILS OF SICKNESS ABSENCE

Number of Days in Bed (If not sent to bed put "None")	Where Treated Hosp. I.P. Hosp. O.P. Nursing Home Own Home	If at Home Who Gave Treatment Doctor, Chemist, Nurse, Other.	REMARKS

FURTHER DETAILS OF ALL HOSPITAL ADMISSIONS AND ACCIDENTS ARE NEEDED IN Q. 6 and Q. 7.

5. SPECIAL CLINICS (staffed by Public Health or School Health Departments) AND SPECIAL DEPARTMENTS OF HOSPITALS

(a) Is this child now attending a special clinic or special department of a hospital? Yes 1
 No 2

(If yes) (b) Name of hospital or clinic.....
 Address

6. ADMISSIONS TO HOSPITAL

Details of hospital admissions recorded during the term and in the Easter Holidays.

Name of hospital.....
 Address of hospital.....
 Name of Doctor or Specialist in charge of child.....

7. ACCIDENTS

Details of accidents recorded during the term and in the Easter Holidays.

(a) Type of injury Burn or scald 1
 Broken bone 2
 Other, namely

 (b) Part injured
 (c) Where accident occurred Own home 1
 School 2
 Street 3
 Elsewhere, namely

(d) Details of how accident occurred :—

QUERIES ARISING FROM THE LAST SURVEY

SCHOOL NURSE'S OR HEALTH VISITOR'S COMMENTS ON CHILD'S PROGRESS

Name of School Nurse or Health Visitor.....

Date of interview **COMPA2**