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# CANADIAN UNIVERSITY DUBAI HEALTH CENTRE POLICY

Main Document Information	
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## **2. Introduction:**

The Canadian University Dubai is committed to promoting good health, safety and wellness for all students, staff and faculty in a caring and supportive atmosphere, to provide health education, promotion and disease prevention.

## **3. Purpose:**

The overall goal of this policy is to achieve the quality standards, improve patient safety and promote healthy outcomes with the use of the key elements of the CUD Health Centre Nurses roles:

- Advocate for health and well being of the CUD community
- Health promotion, education, early detection and intervention
- Providing high-quality care by establishing rapport.
- Providing comprehensive care, by being health counselor to students, staff and faculty

## **4. Responsibility**

### **4.1 The CUD Health Centre and the Medical Team:**

The CUD Health Centre continue to support and abide the DHA guidelines and policies. The CUD Health Centre medical team is comprised by one part time doctor and two full time nurses.

#### **4.1.A. The Doctor:**

The Physician is a holder of DHA license, and the duties as per the Dubai Health Authority are as follows:

##### **4.1.A.1. Duties:**

- Medical examination with guardian or student consent.
- In close coordination with the Health Authorities against contagious diseases.
- Prepares a medical report for each student as required
- Prepare a standing medication order.
- Conduct a medical examination as per DHA standard
- Conduct health education in collaboration with the nursing team.

#### **4.1.B. The Nurses:**

The University Nurse is a holder of DHA license as registered nurse  
There shall be one full time School Nurse per every 1000 students as per DHA

##### **4.1.B.1. Duties and Responsibilities of Nurses as per DHA:**

##### **The university nurse shall:**

- Liaise with and support the university staff in implementing the campus health activities.
- Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition in the CUD Health Centre.
- Assess needs of students (examine/ observe/ measure vital signs) who require first aid care and administer appropriate care.
- Refer to the university Doctor for advice when needed.
- Inform parents, through the university authorities, about the student's condition.
- Transfer the student to the Accident/Emergency of the nearest hospital as per the standard procedure in cases required.
- Provide privacy to the student during medical examination.
- Monitors students who are frequently absent from class due to health-related problems.
- Coordinate with classroom faculty to:

- Observe and report student with unhealthy practices.
- Refer promptly student who are showing signs of visual, hearing and learning difficulties.
- Refer student with fever, rashes or unusual behavior.
- Report presence of potential hazards in the classroom.
- Motivate student to enhance healthy practices.
- Report sanitary and safe environment deficits to the university administration.
  - Measure height and weight of students and calculate BMI on an annual basis for all students.
  - Refer to the university doctor, students whose growth and development measurement show deviations from normal.
  - Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.
  - Conduct health education sessions to meet the learning needs of students (e.g. topics on personal hygiene, proper nutrition, accident prevention etc.).
- Refer student with fever, rashes or unusual behaviour.
- Report presence of potential hazards in the classroom.
- Motivate student to enhance healthy practices.
- Report sanitary and safe environment deficits to the school administration.
- Update knowledge, skills and practices related to school health requirements.

#### **4.2. Nurse Absence**

In the event that the Nurse is sick, a licensed DHA part-timer nurse will be arranged for duty coverage.

#### **4.3. Continuing Medical Education**

- The Medical Team are given professional development days to undergo training and meetings in improving expertise and knowledge in their field. They must meet CME requirement to renew their license professional.
- The CUD Medical team Nurses is holder of Basic Life Support Certificate

#### **4.4. Clinical Governance Activities**

- Management of regulatory inspections.

- Medical records management including the security of patient data.
- Management of medical devices and device related alerts.
- Incident reporting
- Clinical audits (medicines and supplies)
- Complaint and patient experience management.
- Infection control surveillance.
- Patient safety alerts.

#### **4.5. CUD Health Centre Health Services**

- Year round Health events
- awareness campaigns – focusing on Infection control etiquette, nutrition, exercise and wellbeing – in line with DHA initiatives.

### **5. Policy Specific Information**

#### **5.1. Student Health Examination and Screening Policy**

- In accordance with the guidelines of Dubai School Health Authority, the university is required to perform Medical Examinations to new students and update current students' medical conditions.
- Annual Growth Screening and BMI are required to be taken annually to all the students and reported to DHA.

Students who prefer the examination with their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.

- The welfare and comfort of the student is the utmost priority, with strict confidentiality is applied all times during examination.
- Students are informed to any abnormalities seen during examination and early referral is made accordingly.

### **6. Accident Prevention and Safety Policy**

- CUD will provide as far as is practical, a safe and healthy environment.
- All reasonable steps will be taken to ensure that:
  - The University premises are kept safe and clean to prevent risk to all users.
  - The equipment is safe and manufacturers' instructions for use are followed.
  - Staffs are aware of health and safety requirements.

- All accidents and injuries are recorded in by the university Nurse.
- Incident reports are to be completed for incidents and accidents.

### **6.1. Safety Checklist:**

The Health and safety officer will complete a monthly inspection to ensure safety compliance and report concerns in the following areas, checks may include:

#### **6.1.A. Inspect the grounds for safety hazards.**

Hazards that may lead to slipping falling, electrical shock, burns, poisoning or trauma should be eliminated.

Checks may include but not limited to:

- Wooden fences and benches are free of splinters.
- Drains closed and lids in good condition.
- Insect's nests.
- Bins with lids and are emptied regularly.

#### **6.1.B. Inspect the university for obvious safety hazards which may include:**

- Electrical points, sockets, plugs, fuse box.
- The facility should have an appropriate fire-fighting equipment signage, emergency power capabilities, lighting and evacuation plan. Fire exits are free of obstruction, doorways, stairs and steps are safe and accessible.
- Equipment is safe and in good condition.
- Nontoxic materials are used, glue, paint, etc.
- Poisonous cleaning agents are safely stored and not accessible by students.
- Broken or damaged items, kitchen, etc. are to be repaired or disposed of.

#### **6.1.C. General cleanliness of the university is maintained.**

- Inspect the following areas to ensure routine cleaning has occurred:
  - Clinic washrooms are regularly cleaned.
  - Classroom are kept tidy and clean
  - Instruments in class laboratories are kept clean
  - Common areas are clean and tidy
- A report is compiled and sent to the respective head departments



## **7. First Aid Policy**

### **7.1. Introduction:**

This policy has been formulated for the protection of all members of the Canadian University Dubai community, including staff, visitors, for the treatment of any acute and moderate medical issues which may occur within the campus.

### **7.2. Rationale:**

First aid can save lives, and prevent minor injuries becoming major ones. This policy addresses the responsibilities and procedures related to First Aid and provides relevant information for all members of the CUD community. Faculties and other staff are always expected to use their best endeavours, particularly in an event of an emergency to secure the welfare of the student within the university campus.

### **7.3. Aims and Objectives:**

We aim to create awareness among the faculty and staff as to how to react in case of minor and moderate medical problems which may occur in the classrooms, laboratories, corridors, sports fields and to set out clearly the principles and procedures for first aid at Canadian University Dubai.

### **7.4. First Aiders:**

The Head of Health and Safety Department will ensure that suitably trained First Aiders are always available on-site. All First Aiders must complete the annual training course approved by DHA. They are expected to:

- Alert the university nurse as soon as possible of any serious injuries
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards on campus.
- When necessary, ensure that an ambulance or other professional medical help is called.

## **7.5. First Aid Boxes on campus**

Canadian University Dubai has 13 first aid kits in each floor on each block.

The kits are placed in strategic locations such as corridors, labs, classrooms and admin areas where they may be most required.

The contents of each kit are designed to treat only minor medical problems (e.g. minor injuries such as cuts, bruises and insect bites).

Each kit contains:

- Bandages (regular and sling) for injuries
- Gauze and wipes for open wounds
- Plasters for cuts and grazes

First aiders can administer any first aid using the contents of the kit.

The university nurse should be informed of all incidents and referred to for further consultation.

Staff who have used the kit and its contents must inform the CUD Health Centre to restocked used items.

In case of any doubts as to how the contents should be or have been used, staff should contact the nurses.

### **7.5.A. First Aid Kits Access**

Staff attending an incident should use the nearest first aid box to access materials to deal with the situation, if possible. If the teacher requires assistance, they should send a student to Reception to alert a first aider, or the university nurse or doctor as appropriate.

In addition, there are first aid bags for trips. The contents of these kits are checked on a regular basis by the university Nurse who retains a log of the contents of each kit.

### **7.5.B. First Aid Response Documentation**

Any reportable injury, disease or dangerous occurrence must be recorded by the relevant member of staff in the appropriate incident report, kept in the CUD Health Centre.

This must include the following:

- the date, time and place of the event;
- personal details of those involved and a brief description of the nature of the event or illness and treatment given;
- what happened to the person afterwards;
- whether parents or guardian were informed;
- name and signature of person providing treatment

## **8. Reporting to Parents or Guardian Policy**

Minor injuries or acute medical condition for students will be assessed by the nurse or the university doctor and a decision taken as to whether to report to parents or guardian.

Students who become unwell during the class hours should be sent to the nurse if they are unable to participate in their activities. The nurse will assess the situation and decide whether parents or guardian need to be informed or be asked to collect the student from the university and inform the student's professors. Students are advised to consult doctor and provide sick leave certificate.

### **8.1. In an event of an emergency:**

A phone call is the most preferred way to notify parents or guardian, if they can't be reached, the emergency medical management as per the consent will continue, as the safety and well-being of the student is the top priority, this may include transfer by ambulance if needed. The CUD Health Centre Medical team will continue to try to contact the parents/ guardian or the next emergency contact to inform them of the situation. A copy of the student's EID (Emirates ID) must be available should emergency transfer or admission be needed.

### **8.2. In an event of communicable diseases:**

A notification email is sent to the School Administration Team to distribute as per DHA guidelines, the relevant authorities are notified when appropriate.

### **8.3. Procedure of handling emergency cases on campus**

Every staff member who is a witness to any injury or illness occurring in their presence to immediately assist the patient by calling security, the patient must be referred to the CUD Health Centre. The patient may be taken there by a staff member, or the nurse or doctor should be asked to attend at the scene. The nurse or doctor will decide whether the emergency services are to be called.

### **8.4. Bodily fluids disinfection**

If the incident involves spillage of bodily fluids, the affected area should be cordoned off by the first aider at the earliest opportunity and cleaned with disinfectant. The Health and Safety Manager will manage the approved cleaning methods.

Below is a list (not exhaustive) of incidents that may require calling the emergency services:

- Serious cuts/bleeding requiring bandaging
- Burns
- Severe pain
- Unconsciousness
- Seizure

## **9. Medicine Policy**

Nurses are not allowed to administer medications that are not listed on Doctor's Order and without doctor's prescriptions.

Medications that require Intravenous and Intramuscular injections are only administered by nurses with the approval of the inhouse physician of CUD Health Centre.

## **10. Head Injury Policy**

### **10.1. Guidelines for managing head injuries to students at Canadian University Dubai**

This guidance is based on National Institute of health and Care Excellence and the Rugby Football Union guidelines.

This aims to help staff to identify and recognize signs in order to respond and apply appropriate first aid treatment if an incident occur within the campus and if the student requires further medical assessment or hospital transfer after the head injury.

All student who suffer a head injury should be seen by the University nurse or doctor for assessment and to plan for an ongoing care.

A minor head injury is a frequent occurrence in the sports field. Fortunately, most head injuries are mild and do not lead to complications or require hospital admission. However, complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow or trauma.

#### **10.1.A. Head injuries that occur during sports**

- Any injury involving the head that occurs during sporting activities requires the student to cease activity immediately and sit out for the rest of that lesson or the duration of the match. Staff should consider whether referral to a medical team is required using the information in this document.
- Concussion must be taken seriously to safeguard the short- and long-term health and welfare of students. Most concussions will resolve in 7-10 days although a longer period, upon doctor's advice. During this recovery time the brain is vulnerable to further injury. If a student returns to sports or physical activity too early, then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders.
- During the recovery time a further episode of concussion can be fatal due to severe brain swelling. Gradual return to sports or any physical activities should be undertaken on an individual basis and with the full cooperation of the student and

their parents/guardians. If symptoms return, then the student must stop playing sports immediately and be seen by a doctor or attend a hospital the same day.

**10.1.B. Before they can return to sports the student MUST:**

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor and present a medical clearance certificate

**11. Allergy Management Policy**

- The Nurse will gather and keep documentation of University Allergy List. Students with a documented history of anaphylaxis will require to provide consent or authorization for emergency treatment of their allergies by the attending nurse and the physician to administer an epinephrine auto-injector shall be entered into the student's health record.
- All students with life threatening allergies will be highlighted on the Allergy List and will be identified by the Medical Team upon registration.

**11.1. Life Threatening Allergies:**

- While it is impossible to create a totally risk-free environment, university staff and faculty will take every precaution to minimize potentially fatal allergic reactions.

**11.2. Identifying students with Epi-pen**

- Nurse should be aware of which students carry Epi-pens.

**11.2.A.** The students are requested to provide a medical report from their doctor detailing their allergy history, this will be attached to the student health file.

**11.2.B.** An Allergy Action Plan will be completed for all students with life threatening allergies. The plan will be updated if clinically required based on their own medical requirements as per student's request authorizing assistance from CUD Health Centre medical team.

### **11.3. The Allergy Action Plan should include:**

Telephone number for parents or guardian and alternate emergency contacts.

- Students' photo.
- Authorization to release relevant information to the Teachers.
- Specific information about the student's allergy and treatment and history of previous allergic episodes.
- Consent for administering emergency medications and emergency transfer to the nearest emergency room.

## **12. Accident and Medical Emergencies Policy**

### **12.1. Accidents that Do Not Require Hospital Transfer**

If a student is involved in an accident or incident that requires more than basic first aid intervention the following steps should be followed:

- The First Responder (if not the Nurse) will call for help and stay with the patient until the nurse arrives.
- The Nurse will assess and stabilize the patient and will call ambulance if emergency services are required. Simultaneously the Parents or Guardians are to be contacted.
- If possible, the student will be moved to a safe area, once assessed by the nurse.
- The student must be kept under medical supervision until recovered.
- The incident and any treatment will be documented in student's medical file, and an incident report will be submitted.
- An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the CUD Health Centre management within 24 hours.
- Follow ups will be conducted monitoring the health status of the student, it will be documented and reported accordingly.
- Incident reports are available in CUD Health Centre.



➤ **Emergencies that require Hospital Transfer**

In the event of an emergency transfer to a hospital:

- The University Nurse or Physician should inform parents of the student and arrange for an ambulance on 998 and the student will be transferred to Rashid Hospital or the preferred hospital of the students.
- The University Administration should arrange for a staff member to escort the student in the ambulance to the hospital, as the nurse must remain in the university health center.
- An Emergency Transfer Form must be completed by the Nurse.

➤ **Emergency Transfer Information**

The Emergency Transfer Form (see last page for transfer forms) must contain the following information and should be given to the Emergency Service:

- The student's name, age, address and telephone number.
- The parents/ guardian's name address and telephone number.
- Any known allergies and any relevant medical history.
- If available, the date of last tetanus immunization.
- An accurate account of the incident/accident.
- Details of any medication and first aid administered in the school.
- A copy will be uploaded in student's record.

**13. MEDICATION GUIDELINES:**

**13.1. Storage Recommendations**

- All medications and those brought by students will be kept in the CUD Health Centre in a locked cupboard or locked refrigerator.
- All medication required by students, must be accompanied by a valid doctor's prescription.
- The cupboard will always be locked, and the keys will be held by the nurse.
- All medications will be checked daily and their expiry dates will be recorded.
- Any Epi-Pens will be clearly labeled with the student's name and expiry date.
- The refrigerator temperature will be checked and recorded twice daily during university hours between 2 and 8°C.



- **Medication Authorization Consent Form:**
  - The Student, Parent/Guardian must complete a **Medication Authorization Consent** prior to administration of any medication given by the Nurse and must be accompanied by doctor's prescription.
  - A new Medication Authorization Consent must be completed if there are changes in the original doctor's prescription or a new medication is prescribed.
  - The Medication Authorization Consent must include:
    - Student's name and DOB
    - Name of medication
    - Dosage and frequency of medication.
    - Route to be given.
    - Time and date of administration
    - Prescription date
    - Diagnosis
    - Student/Parent/Guardian and nurse's signature
    - Contact telephone numbers
  - The University Nurse will ensure the Medication Authorization Consent will be kept in the student's health record.
- **Medication Container and Labels**
  - Medications, prescribed and non-prescribed, must be in the original, properly labelled container.
  - All opened medications will be labelled stating the date of opening and expiry date.
  - A new label is required for any dose change.

### **13..A. Administration:**

**13..A.1.** The 10 R's of drug administration will be used at all times when administering medications i.e.

1. right person,
2. right medication,

3. right time,
4. right dose,
5. right route,
6. right documentation,
7. right reason,
8. right to refuse,
9. right client education and
10. right assessment.

**13..A.2.** Prescribed and non-prescribed medications required by students should be administered at home wherever possible.

**13..A.3.** Where home administration is not possible, the university nurse may administer medication in accordance with the DHA guidelines.

**13..A.4.** Nontraditional forms of medication e.g. herbal or home remedies will not be administered in the university (as dosage and action cannot be determined).

### **13..B. Emergency Medications**

Students potentially needing emergency medications during university hours must complete an “Student Health History Form”

## **14. LOST AND FOUND**

The Clinic is not responsible for any lost items that are left unattended.

## **15. HEALTH RECORD MANAGEMENT AND RETENTION**

### **15.1. Student Medical Records:**

- A complete, comprehensive, and accurate student medical record is maintained for each student.
- A record includes:
  - recent history,
  - physical examination,
  - any pertinent progress notes,
  - medications,
  - laboratory reports,



- imaging reports
  - Sick Leave Certificate
- Records and highlight allergies, management of allergies and untoward drug reactions.
- Records should be organized in a consistent manner that facilitates continuity of care.
  - Discussions with student/patients concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, should be incorporated into a patient's medical record as well as documentation of informed consent.
  - The University doctor or when designated, the nurse is be responsible for the complete, cumulative university health record for each student.
  - The student's medical documents will be uploaded in the Electronic Medical Records or CAMS. Any paper records will be securely stored in a locked filing cabinet.
  - Whenever a student transfers or withdraw from the university a copy of the complete records is handed to the student for confidentiality of medical records.
  - The health record is maintained by the University for a minimum of five (5) years after the student leaves the university.
  - Health records include information regarding but not limited to:
    - Health history, including chronic conditions and treatment plan.
    - Screening results and necessary follow-up.
    - Health examination reports.
    - Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.
    - The Individual Health Care Plan, for a student with documented anaphylaxis, this will include:
      - The parental/guardian or student authorization of a treatment for allergies.
      - The physician's order to administer an epinephrine auto-injector.
      - Documentation of any nursing assessments completed.
- Documentation of any consultations with university medical team, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results.

- Documentation of the health care provider's orders, if any and parental/guardian's permission to administer medication or medical treatment to be given in university by the medical team.
- Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:
  - Secure records always, including confidentiality safeguards for electronic records.
  - Establish, document and enforce protocols and procedures consistent with the confidentiality requirements.

## 16. INFECTION PREVENTION AND CONTROL POLICY GUIDELINES

- CUD reserves the right not to admit any student onto the premises who appears to be suffering from an infections or contagious disease. A student who is unwell on arrival to the University will be sent home to minimize the risk of cross infection.
- Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered.
  - Fever
  - Skin rash of unknown cause
  - Diarrhea
  - Vomiting
  - Heavy eye or ear discharge
  - Sore throat
  - Persistent cough
  - Red, watery and painful eyes
  - Ring worm
  - Known contagious infections
- Students should not return in campus until they are 24 hours symptom free without medication or as advised by DHA exclusion period guidelines or with medical clearance certificate.

**16.1.** Students diagnosed with **communicable disease** may come back to campus provided they are symptom free and have medical certificate given after a follow up with the doctor and was checked by the nurse in the CUD Health Centre.

**16.2.DHA list of communicable diseases** see appendix

## **17. DIABETIC CARE MANAGEMENT AND GLUCAGON ADMINISTRATION**

- Dubai Health Authority requires schools and universities to take specific actions to ensure that the students with diabetes can manage their disease while in campus and to ensure the health and safety of the student within the school or university community.

### **17.1.A. Purpose**

- Students with diabetes must balance food, medications, and physical activity while in campus.

### **17.1.B. Goal**

- Optimal Student Health and Learning. All staff members should have to know whom to contact for help.

### **17.2. Requirements:**

- The Parents/ guardian or student must provide CUD Health Centre with an Individualized Health Care Plan which includes emergency pathways from the students attending physician.
- The Plan should be reviewed and revised yearly.
- A request letter from the student/parent or guardian should be sent to [Healthcenter@cuad.ac.ae](mailto:Healthcenter@cuad.ac.ae) in order to disclose information to university staff.
- The Individualized Health Care Plan must include:
  - Symptoms of hypoglycemia for that student and recommended treatment.
  - Symptoms of hyperglycemia for that student and recommended treatment.
  - Frequency of glucose testing.
  - Insulin and glucagon orders.
  - Details of any medical devices used.

### **17.3. ADMINISTRATION OF GLUCAGON**

- The CUD Health Centre Medical Team has primary responsibility for emergency administration of glucagon.
- It will be administered with parent's/ guardian or student's prior consent after hypoglycemia is confirmed through capillary blood glucose check. The student is to then be transferred to hospital for further assessment.

## **18. MEDICAL HAZARDOUS AND WASTE MANAGEMENT**

CUD Health Centre in agreement with the Medical Waste management company Dulsco on yearly basis.

CUD Health Centre in compliance with all laws, guidance rules, standards, policies and codes issued by the applicable authorities in the UAE.

### **18.1.A. Obligations of the Nurse in the CUD Health Centre**

- Ensures that waste bins are labeled, and proper waste disposal is observed.
- Sharp container is kept above ground level and disposed after 3 months or when it is 2/3 full.
- Sharp container must be properly labeled with the name of the school, expiry date, staff name and signature after closing it permanently.
- Nurse notifies cleaning company 24 hours prior to collection of waste and sharp container.
- Medical waste bags are removed daily.

## **19. FIRE AND SAFETY PLAN**

CUD will implement this policy to ensure that students and staff are safe in situations where they must evacuate the campus grounds and buildings for their own safety. This policy applies to employees, parents/students and people visiting the campus site. It covers the procedures and personnel responsibilities when CUD campus is required to be evacuated.

Please refer to the respective university's Fire and Emergency Policy and Evacuation Plan

- **Procedure:**
  - Staff will be given training by Civil Defense on how to manage in emergency situations.
- **In case of fire**
  - Operate the nearest fire alarm immediately.
  - Close the door on the room of the fire.
  - Proceed to the Assembly Area.
  - Notify Fire marshals of fire location.

- Security Guards to contact Civil Defense Fire Service.





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## 20. References:

- DHA Regulations for School Clinic in 2014
- Center for Disease Control and Prevention
- <https://www.pinterest.com/pin/325596248038172842/>
- National Institute of health and Care Excellence and the Rugby Football Union guidelines.
- [file:///C:/Users/healthcenter/Desktop/DHA%20regulation%20circular%20\(3\)%20aug%2020%202020.pdf](file:///C:/Users/healthcenter/Desktop/DHA%20regulation%20circular%20(3)%20aug%2020%202020.pdf)
- <file:///C:/Users/healthcenter/Desktop/Communicable%20Disease%20Notification%20Policy%20Final%202020.pdf>





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## STUDENT HEALTH HISTORY FORM

The purpose of this form is to identify any special needs that you may have and to help us provide you with the most appropriate health care service.

Please complete this student health information form and send it to the Health Center at [healthcenter@cuad.ac.ae](mailto:healthcenter@cuad.ac.ae).

All information provided will remain **strictly confidential**.

### I-IDENTIFICATION

\*Student ID Number: \_\_\_\_\_ \*Program/School: \_\_\_\_\_

\_\_\_\_\_

\*Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \*Age: \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Male (\_\_\_\_) or \*Female (\_\_\_\_) \*Nationality:

\_\_\_\_\_

\*Home Address \_\_\_\_\_

\*(\_\_\_\_) \_\_\_\_\_ or \*(\_\_\_\_) \_\_\_\_\_ \*

Home Telephone Number

Mobile Number

Email-Address

## II-PERSON TO NOTIFY IN CASE OF EMERGENCY: (Parents/Legal Guardian)

\*Contact 1: Relationship \_\_\_\_\_

\*Contact 2: Relationship \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Mobile #: \_\_\_\_\_

\*Mobile #: \_\_\_\_\_

\*E-mail Add: \_\_\_\_\_

\*E-mail Add: \_\_\_\_\_

## III-PERSONAL HISTORY (Please answer all questions)

### \*HAVE YOU EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS? (PLEASE CHECK YES OR NO)

هل تعرضت لأى من الأعراض المرضية التالية؟ (يرجى الإجابة بنعم أو لا)

Illnesses/Condition	العرض	Yes	No	Illnesses/Condition	العرض	Yes	No
Chicken Pox	الجدري	*	*	Anemia	فقر الدم	*	*
Dysentery	ديزنتاريه (اسهال)	*	*	Asthma/Chest problem	ربو	*	*
Hepatitis (A-B-C)	التهاب الكبد	*	*	Diabetes	سكري	*	*
Measles	الحصبة	*	*	Epilepsy(seizures)	داء الصرع	*	*
Mumps	التهاب الغدة النكافية	*	*	Frequent headaches	صداع	*	*
Recurrent Strep Throat	بكتيريا الحنجرة المتكررة	*	*	Heart Problems	أمراض القلب	*	*
Rubella	حصبة ألمانيه	*	*	Hearing Problems	مشاكل السمع	*	*
Scarlet Fever	حمى قرمزية	*	*	High/Low Blood Pressure	ضغط دم مرتفع أو منخفض	*	*



Tuberculosis	مرض السل	*	*	Kidney Problems	مشاكل الكلي	*	*
Whooping Cough	سعال ديكى	*	*	Vision Problems	مشاكل بصرية	*	*
Malaria	حمى	*	*	Menstrual Disorder	اضطراب الدورة الشهرية	*	*
Pneumonia	التهاب رئوي	*	*	Psychological Problems	مشاكل نفسية	*	*
<b>Illnesses/Condition</b>	<b>العرض</b>	<b>Yes</b>	<b>No</b>	<b>Illnesses/Condition</b>	<b>العرض</b>	<b>Yes</b>	<b>No</b>
Stomach Ulcers	قرحة المعدة			Depression	اكتئاب		
Sexually Transmitted Disease	أمراض جنسية معدية			Anxiety	قلق		
Cancer	سرطان			Chronic Back Pain	آلام ظهر مزمنة		

Please provide comments on ALL "YES" answers in the space below. Include dates, intervention and medication.

\* \_\_\_\_\_

IF YOU HAD SURGICAL OPERATIONS: PLEASE SPECIFY:

\* \_\_\_\_\_

**\*IV- ALLERGIES:**

(Please check if you have any allergies to the following)

IV-A \_\_\_\_\_ Aspirin

IV-E \_\_\_\_\_ Penicillin

IV-B \_\_\_\_\_ Animals

IV-F \_\_\_\_\_ Pollens

IV-C \_\_\_\_\_ Dust

IV-G \_\_\_\_\_ Stinging Insects



IV-D \_\_\_\_\_ Food

IV-H \_\_\_\_\_ Sulfa

**Others:** (Please Specify) \_\_\_\_\_

Please describe the type of reaction \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Are you up to date with immunizations? Yes:\_\_\_\_ No:\_\_\_\_ If yes, please state last booster:\_\_\_\_\_

DT, Polio \_\_\_\_\_ Date \_\_\_\_\_ Meningitis \_\_\_\_\_ Date: \_\_\_\_\_

Hep. A \_\_\_\_\_ Date \_\_\_\_\_ Hep. B \_\_\_\_\_ Date \_\_\_\_\_

MMR \_\_\_\_\_ Date \_\_\_\_\_ Varicella (Chickenpox) \_\_\_\_\_ Date \_\_\_\_\_

#### V-HEALTH INSURANCE INFORMATION

**FOR YOUR MEDICAL INSURANCE FILL IN THE DETAILS BELOW.**

**Name of Company:\*** \_\_\_\_\_

**Policy Number:\*** \_\_\_\_\_

**Expiration Date:\*** \_\_\_\_\_

#### VI- CONSENT FOR EMERGENCY TREATMENT:

In the event of emergency where my parents or other emergency contact cannot be reached, I the undersigned, do hereby authorized and empower the nurse, physician or any administrator at the Canadian University Dubai to make all decisions concerning my medical/surgical care which may include being taken to hospital or doctor for treatment.

THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Student Signature: \* \_\_\_\_\_



**AUTHORIZATION FOR DISCLOSURE OF STUDENT HEALTH HISTORY FORM**

I (Student Full Name) \_\_\_\_\_ hereby authorize CUD Health Centre Medical Team to disclose the content of my health history records.

I have the right to revoke this consent at any time by notifying CUD Health Center in writing.

Failure to sign this form constitutes non-authorization.

Signature: \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/yy)



## Physical Examination Form

Student Name:	First:	Middle:	Last:
Date of Birth:			
Age:			
Sex:			

Ht:	
Wt:	
Temp:	
Pulse:	
Resp:	
BP:	
Drug/ Food Allergies:	

Vision:	Right:20/	Left: 20/	
Pupils:	Equal	Unequal	
Hearing:	Normal	Impaired	Hearing Aid

Physical Exam	Normal	Abnormal	Comments
General Apperance/BMI			
Skin			
HEENT			
Teeth			
Neck			
Lungs			
Heart			
GU System			
Musculoskeletal Functioning (Full ROM to all extremities? History of injury?			



Physical Exam	Normal	Abnormal	Comments
Back/ Spine  (History of injury)			
Neurological (Gross observation of gait, coordination and tremors etc.)			
Phychiatric (tics;stuttering; nail biting; cognition; orientation; affect; obvious personality disorders etc.)			

Physicians's Review of medical history:			
Physicians's Remarks:			
Physician's Stamp:  Signature:  Date:			

## 16.2.DHA list of communicable diseases

### APPENDIX 2: MINIMUM PERIOD OF EXCLUSION FROM SCHOOL FOR INFECTIOUS DISEASES CASES AND CONTACTS GUIDANCE

Condition	Incubation period	Exclusion of Cases	Exclusion of Contacts
<b>Acute Amoebic dysentery (Amoebiasis)</b>	Range from 2 – 4 weeks	Exclude until diarrhea has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Chickenpox</b>	Range from 10 to 21 days; (usually 14-16 days )	Exclude from school until all vesicles become crusted & dry, or until no new lesions appear within a 24-hour, (an average range of 4-7 days from appearance of rash).	Not excluded. Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
<b>Conjunctivitis</b>		Exclude until discharge from eyes has ceased, unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded
<b>Coronaviruses (SARS, MERS, COVID-19)</b>	Range from 2-14 days	Exclude until medical certificate of recovery is produced (Subject to the current guidelines)	Subject to the current National authority guidelines
<b>Cytomegalovirus (CMV) infection</b>	Range from 3 – 12 weeks.	Exclusion is not necessary	Not excluded
<b>Diarrheal illness - unspecified</b>		Exclude until symptoms (diarrhoea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded



<b>Diarrheal illness -viral (Adenovirus, Norovirus, Rotavirus)</b>	Varies with pathogen (usually from 12 hours to 4 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Diarrheal illness- Bacterial (shigella, Non-typhoidal salmonella, campylobacter)</b>	Varies with pathogen (usually from 10 hours to 7 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Diarrheal illness- E.coli infection, Shiga toxin or Vero toxin producing (STEC or VTEC)</b>	Range from 1-10 days; usually 3-4 days	Exclude cases until they have two negative stool specimens collected at least 24 hours apart and at least 48 hours after discontinuation of antibiotics	Not excluded
<b>Diarrheal disease- Giardiasis</b>	Range from 1 to 4 weeks (usually 7 to 10 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Diphtheria</b>	Range from one to ten days; (usually 2-5 days)	Exclude until medical certificate of recovery from illness is received; which is following two consecutive negative nose and throat cultures (and skin lesions in cutaneous diphtheria) taken 24 hours apart and not less than 24 hours after completion of antibiotic therapy.	Exclude Family / household contacts until investigated by medical professional and shown to be clear of infection.

<b>Glandular fever (Epstein-Barr Virus infection)</b>	Approximately 4 – 8 weeks	Exclusion from school is not necessary <b>Note:</b> ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness	Not excluded
<b>Hand, Foot and Mouth disease</b>	Usually 3 – 6 days	Exclude until all blisters have dried.	Not excluded.
<b>Haemophilus influenza type b (Hib)</b>	Range from 2 – 4 days	Exclude until the person has received appropriate antibiotic treatment for at least four days.	Not excluded.
<b>Hepatitis A</b>	Range from 15 – 50 days; usually 28-30 days	Exclude until a medical certificate of recovery is received, and until 7 days after the onset of jaundice or illness.	Not excluded.
<b>Hepatitis B</b>	Range from 60 to 150 days; Usually ninety days	Acute illness: Exclusion until recovered from acute attack. Chronic illness: Not Exclusion	Not excluded.
<b>Hepatitis C</b>	Range from 14–182 days (usually range: 14–84 days)	Exclusion is not necessary.	Not excluded.
<b>Human immuno-deficiency virus infection (HIV/AIDS)</b>	Usually one to four weeks	Exclusion is not necessary.	Not excluded.
<b>Impetigo</b>	The incubation period Varies according to the causative organism It is usually one to three days for streptococcal	Exclude until lesions are crusted and healed.  The child may be allowed to return earlier provided that appropriate treatment has commenced and that sores on exposed surfaces	Not excluded.

	infections and four to 10 days for staphylococcal infections	must be properly covered with water-proof dressings	
<b>Influenza / influenza like illnesses</b>	Usually 1 to 4 days	Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines.	Not excluded
<b>Leprosy</b>		Exclude until receipt of a medical certificate of recovery from infection.	Not excluded
<b>Measles</b>	Range from 7 – 23 days from exposure to symptom onset; Usually 10-14 days.	Exclude for at least 4 days after the onset of rash. Or until medical certificate of recovery from illness is received	Immunized contacts not excluded. Unimmunized contacts should be excluded until 14 days after the first day of appearance of rash in the last case. (If unimmunized contacts are vaccinated within 72 hours of their first contact with the first case, or received immunoglobulins within 6 days of exposure, they may return to school).
<b>Meningitis (viral, bacteria - other than meningococcal meningitis)</b>	Varies according to the causative organism	Exclude until well.	Not excluded.


<b>Meningococcal Meningitis infection</b>	Range from two to ten days; usually 3 -4 days.	Exclude until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school until they have received appropriate chemoprophylaxis for at least 48 hours.
<b>Mumps</b>	Range from 12 - 25 to days; commonly parotitis develop 16 - 18 days	Exclude for 9 days after the onset of swelling OR until this swelling resolved.	Not excluded.
<b>Pediculosis (Head lice)</b>		Exclude until appropriate treatment has commenced. <b>Note:</b> Rescreening is needed 7-10 days after initial treatments, to inspect hair for live crawling lice.	Not excluded
<b>Pertussis (whooping cough)</b>	Usually 7 to 10 days after infection, but may also appear up to 21 days later	Excluded 21 days after the onset of cough & illness if no antibiotic treatment is given OR until they have completed 5 days of a course of recommended antibiotic treatment. AND receipt of a medical certificate of recovery from infection;	If the household contacts have not previously had whooping cough or vaccination against whooping cough; they must be excluded from attending a school for twenty one days after last exposure to infection OR until they have completed 5 days of a course of an appropriate antibiotic
<b>Poliomyelitis</b>	Range from 4 – 35 days; Usually 7 – 10 days	Exclude from schools until 14 days after the onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded.


<b>Rubella (German measles)</b>	Range from 12 – 23 days; usually 17 days.	Exclude until fully recovered or for at least seven days after the onset of rash.	Not excluded Note: Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
<b>Scabies</b>	It may take 2–8 weeks before onset of itching in a person not previously exposed to scabies. Symptoms develop much more quickly if a person is re-exposed, often within 1–4 days.	Exclude until appropriate treatment has commenced.	Not excluded
<b>Streptococcal infection (including scarlet fever)</b>	Range from two to five days	Exclude the child has received appropriate antibiotic therapy for at least 24 hours <b>and</b> after the fever has resolved for 24 hours (without the use of fever-reducing medicines); <b>OR</b> until receipt of a medical certificate of recovery from infection; which issued when	Not excluded
<b>Tuberculosis (excluding latent tuberculosis)</b>	It takes about 4-12 weeks from infection to a demonstrable primary lesion or positive skin test reaction	Exclude until receipt of a medical certificate from the health officer of the Department, that the child is not considered to be infectious.	Not excluded.



<b>Typhoid fever/paratyphoid fever</b>	For typhoid fever ranges from 6–30 days; usually 8–14 days (but this depends on the infective dose) For paratyphoid fever is usually 1–10 days.	Exclude until receipt of a medical certificate of recovery from infection.	Not excluded unless the health authorities consider exclusion to be necessary.
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## LIST OF NOTIFIABLE COMMUNICABLE DISEASES

**Group A1:** Report immediately by telephone and electronic notification within 4- 8 hrs of identification 

**Group A2:** Report immediately by electronic notification within 24 hrs of identification 


























































**Group B:** Report by electronic notification within 5 working days or 7 days of identification 

Table 1: Group A1	Table 2: Group A2	Table 3: Group B
Immediately Reportable Diseases (4- 8 hrs)	Immediately Reportable diseases (24 hrs)	Weekly reportable diseases (5 working days)
AFP/ Poliomyelitis  	Dengue Fever  1	Ascariasis  7
Anthrax  	Food borne Illness Specify:  1 - Hepatitis A - Salmonellosis - Shigellosis	Brucellosis  7
Botulism  	Haemophilus influenza invasive disease  1	Chickenpox  7
Cholera  	Hepatitis E  1	Congenital syphilis  7
Diphtheria  	HIV (+ ve)  1	Cytomegalovirus  7
Food borne Illness Specify:   - Food poisoning - Escherichia coli	Human Immunodeficiency Virus (HIV)/AIDS  1	Encephalitis  7 - Bacterial - Viral
Influenza, Avian (human)  	Influenza A H1N1  1	Food borne Illness Specify:  7 - Amoebic dysentery - Bacillary dysentery - Giardiasis - Typhoid/Paratyphoid
Measles  	Legionellosis  1	Gonococcal infection  7
Meningococcal Meningitis  	Leprosy (Hansen's Disease)  1	Hepatitis B  7
Neonatal Tetanus  	Malaria  1	Hepatitis C  7
Nipah Virus  	Meningitis Specify Etiology:  1 - Bacterial or Viral	Hepatitis D (Delta)  7
Plague  	Pertussis (Whooping Cough)  1	Herpes zoster  7
Rabies  	Pulmonary tuberculosis bacteriology and histologically not confirmed  1	Infectious mononucleosis  7
Rubella (German measles)  	Tetanus  1	Influenza  7



Severe Acute Respiratory Syndrome (SARS) 📄 📄	Tuberculosis (Extra-pulmonary) 📄 1	Influenza 📄 7
Smallpox (Variola) 📄 📄	Tuberculosis (Extra-pulmonary) 📄 1	Intestinal worms 📄 7
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) 📄 📄	Tuberculous Meningitis 📄 1	Invasive Pneumococcal Disease (IPD) 📄 7
Yellow Fever 📄 📄	Tuberculosis (Pulmonary) 📄 1	Listeriosis 📄 7
COVID-19 📄 📄		Mumps 📄 7
		Neonatal conjunctivitis 📄 7
		Pneumonia 📄 7
		Relapsing Fever 📄 7
		Scabies 📄 7
		Scarlet fever 📄 7
		Schistosomiasis 📄 7
		Sexually Transmitted Infection (STIs) 📄 7: - Chlamydia - Gonorrhea - Syphilis (early & late) - Chancroid - Genital warts - Herpes simplex - Trichomoniasis
		Trachoma 📄 7
		Typhus Fever 📄 7
		Other communicable diseases not specifies in this list 📄 7
		Other protozoal intestinal diseases 📄 7
		Other zoonotic bacterial diseases not elsewhere classified 📄 7
		Others and unspecified Infectious diseases 📄 7

Reference:

<file:///C:/Users/healthcenter/Desktop/Standards%20for%20Clinics%20in%20Educational%20and%20Academic%20Settings%202020.pdf>





**REFERRAL / EMERGENCY TRANSFER FORM**

<b>University Name:</b>		<b>Date:</b>	<b>Time:</b>						
<b>Student Full Name:</b>									
<b>Date of Birth/Age/Gender:</b>		<b>Nationality:</b>	<b>Mobile/Tel.No.:</b>						
<b>Home Address:</b>									
<b>Father's Name/Contact Number:</b>		<b>Mother's Name/Contact Number:</b>							
<b>Guardian's Name/Contact Number:</b>		<b>Referred from Doctor:</b>							
<b>Allergies:</b>		<b>Referred to Doctor/ Facility:</b>							
<b>Diagnosis:</b>		<b>Date of last Tetanus Immunization:</b>							
<b>Reason for Referral:</b>        									
<b>Doctor/Nurse Remarks:</b>   									
<b>Initial Assessment:</b>									
<b>Vital Signs</b>	<b>Time</b>	<b>GCS</b>	<b>BP</b>	<b>PR</b>	<b>RR</b>	<b>Temp. Celcius</b>	<b>SPO2</b>	<b>Pain Score 0-10</b>	<b>Observation</b>



	Time	Name of Medication	Dose	Route	Freq	Ordered By	Given By
<b>Medication</b>							
<b>Mode of Transport</b> <input type="checkbox"/> Ambulance <input type="checkbox"/> Private Car <input type="checkbox"/> Public transport							
<b>Transferring Team</b> <input type="checkbox"/> Doctor <input type="checkbox"/> RN <input type="checkbox"/> Others: _____							
<b>Student Signature:</b>							
<b>Guardian Signature:</b>							
<b>Mobile Number:</b>							
<b>Nurse/ Physician Signature &amp; Stamp:</b>							

**20. Appendix IV. STANDING ORDER OF DRUGS THAT CAN BE ADMINISTERED TO SCHOOL CHILDREN**

**STANDING ORDER OF DRUGS THAT CAN BE ADMINISTERED TO SCHOOL CHILDREN**

Name of School Nurses: \_\_\_\_\_

Name of School: \_\_\_\_\_

Academic Year: \_\_\_\_\_

This is to authorize you to administer drugs to the school children, when indicated as follows:

Name of Drug	Age	Dose	Indication	Remarks

\_\_\_\_\_  
Name of the School Medical Officer

\_\_\_\_\_  
License No. and Validity

\_\_\_\_\_  
School Medical Officer Signature

\_\_\_\_\_  
Date Signed



## Allergy Action Plan

### ALLERGY ACTION PLAN

Name:	<input type="text"/>
DOB:	<input type="text"/>
<div>Photo</div>	
<b><u>Emergency contact details:</u></b>	
1)	<input type="text"/>
	<input type="text"/>
2)	<input type="text"/>
	<input type="text"/>
Child's Weight: <input type="text"/> Kg	

**This Student has the following allergies:**

### CONSENT TO DISCLOSE MY ALLERGY INFORMATION

I, \_\_\_\_\_, authorize \_\_\_\_\_, to disclose my allergy information with \_\_\_\_\_.

I understand the purpose for disclosing my health information to the person noted above. I understand that I can refuse to sign this consent form

I also consent for my transfer to \_\_\_\_\_ for emergency treatment.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)






## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur *without* skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing,  
wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

#### If ANY ONE (or more) of these signs are present:

1. **Lie child flat:** (if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector** (eg. EpiPen) **without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

#### After giving Adrenaline:

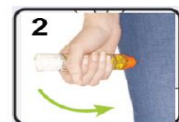
1. Stay with child until ambulance arrives, **do NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2<sup>nd</sup> adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.

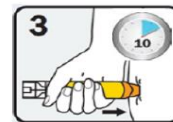
#### How to give EpiPen®



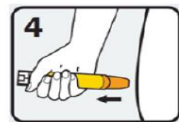
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Approved by Doctor's name and stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Name: \_\_\_\_\_ Date: \_\_\_\_\_