

Dubai Healthcare Corporation

Public Health Protection Department - School Health Section

Student Health File

Student Personal Information

Student Full Name			
Nationality		Student ID	
Gender:	☐ Male ☐ Female	HASANA ID	
Date of Birth	/ /	Emirates ID	
KHDA ID		Passport No.	

Parents/Guardians Information

	Father	Mother	Guardian
Name			
Date of Birth			
Nationality			
Emirates ID			
Occupation			
Educational level			
Contact Number			
Email ID			

Significant Information

Allergy		In case of Emergency (ICE)	
		Name	
Others		Relationship	
		Mobile Number	