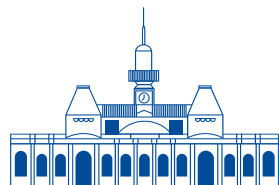


Completed by
Parents/Guardians



**International School
HO CHI MINH CITY**

**PLEASE
ATTACH A
PASSPORT
SIZE PHOTO
OF STUDENT
HERE**

MEDICAL FORM

STUDENT AND FAMILY INFORMATION

**This information is confidential and will only be used in case of an emergency.
Please notify the school clinic of any changes in phone numbers, contact details or medical information.**

Student's name:
(Family name) (Given name) (Middle name)

Preferred name:

Home address in HCMC:

Date of birth: / / Sex: Male / Female
(Day / Month / Year) (please circle)

Student resides with Both parents Mother Father Guardian Lives alone
(Please tick appropriate box)

Name of Parent / Guardian: Alternative contact:

Relationship to student: Relationship to student:

Home phone: Home phone:

Work phone: Work phone:

Mobile phone: Mobile phone:

Email address: Email address:

Language(s) spoken: Language(s) spoken:

EMERGENCY CONTACTS (if neither of the above can be reached)

Primary contact: Home phone: Mobile Phone:

Local Doctor or Health Care Provider:	Medical Insurance: yes / no
Phone:	Name:
Health care number:	Phone:
	Insurance number:

MEDICATIONS

I / we agree for the following medications to be administered to my / our child if judged appropriate by the school clinic staff. (Please tick any medication to be given.)

PARACETAMOL (eg. Tylenol and Panadol) IBUBROFEN THROAT LOZENGES

AGREEMENTS

I / we agree that, in the case of an emergency, the school is permitted to give medical attention and / or treatment to my child.

Parent / Guardian's signature Date

Completed by
Doctor

STUDENT HEALTH RECORD

Student's name:
(Family name) (Given name) (Middle name)

Names of siblings (brothers/sisters) attending ISHCMC:

SCHOOL REQUIRED IMMUNISATIONS		HIGHLY RECOMMENDED FOR VIETNAM	
Hepatitis A	yes / no	TB	yes / no
Hepatitis B	yes / no	Japanese Encephalitis	yes / no
DPT/DP Diphtheria, Pertussis Tetanus	yes / no	Varicella - 1yr & Booster at 5yrs	yes / no
Polio	yes / no	Typhoid	yes / no
Measles - 1yr & Booster at 4yrs - 6yrs	yes / no	Rabies*	yes / no
Mumps - 1yr & Booster at 4yrs - 6yrs	yes / no	HPV (girls over 9yrs)	
Rubella - 1yr & Booster at 4yrs - 6yrs	yes / no		
HIB (Haemophylus Influenza B)	yes / no		

IMPORTANT NOTE:

Immunisation Record

Please submit copies of the child's official immunisation records to confirm as indicated above. If the records are not in English a notarized translation must be provided. These may be copies of infant injection books or other physician's documentation verifying actual dates the injections were administered.

*The World Health Organisation (WHO) states that all people living in Vietnam should be vaccinated against rabies. The school strongly recommends that at the latest by grade 4 your child should be immunised against rabies.

Please note that those children who do not have all of the school required immunisations may be excluded from school in the event of an outbreak of a contagious disease.

MEDICAL HISTORY			
Allergies	yes / no	Skin problems	yes / no
Asthma	yes / no	Tuberculosis	yes / no
Diabetes	yes / no	Heart disorder	yes / no
Epilepsy	yes / no	Vision problem	yes / no
Fainting Spells	yes / no	Hearing problem	yes / no
Urinary disorder	yes / no	Speech difficulty	yes / no
Scoliosis	yes / no	Other illness	yes / no

If you have answered **yes** to any of the above, please give the details

.....
.....

Has your child had surgery / hospitalization in the past? yes / no

If **yes**, please give details

.....
.....

Does your child have any present illness, medical symptoms or condition? yes / no

If **yes**, please give details including any current medication

.....
.....

Has your child been referred to and / or assessed by an educational or child psychologist? yes / no

If **yes**, please provide details / reports

.....
.....

Doctor's signature Date

Completed by
a Physician/Doctor

MEDICAL EXAMINATION

Student's name:
(Family name) (Given name) (Middle name)

Height cms Weight kg

	Normal	Abnormal		Normal	Abnormal
Eyes			Abdomen		
Ears			Posture		
Nose			Joints		
Throat			Skin		
Teeth			Neurological		
Neck			Behavioral		
Lungs			Emotional		
Heart					

Comments.....

Screening Vision

Date	With glasses		W/o glasses	
	R	L	R	L

Hearing

Date	500		1000		2000		4000	
	R	L	R	L	R	L	R	L

Follow up

Tuberculosis Screening - Please indicate what method you used:

Type of test Date Tested

* See note on the back of this form.

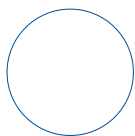
INFORMATION:

Doctor - Please show evidence that the child has had a titre performed to ensure adequate Hepatitis B protection. (copy of the Hepatitis B s Antibody Level test results must be attached).

Physician's signature Date.....

Clinic name / Details

Stamp



IF YOU ARE A HCMC RESIDENT, THE FOLLOWING MEDICAL CENTRES HAVE COMPLIED WITH REQUIREMENTS FOR ISHCMC STUDENT MEDICAL CHECKS

Name	Address	Tel.	Fax	Email
Columbia Saigon International Clinic	8 Alexandre de Rhodes St, Dist. 1, HCMC	3 823 8888	3 823 8454	columbia.asia.vn@hcm.vnn.vn
Family Medical Practice	Diamond Plaza, 34 Le Duan, Dist. 1, HCMC	3 822 7848	3 822 7859	hcmc@vietnammedicalpractice.com
Franco Vietnamese Hospital	MD5-1 Saigon South, Tan Phu Ward, Dist. 7, HCMC	5 411 3333	5 411 3334	fvh@fvhospital.com
International SOS Clinic	167A Nam Ky Khoi Nghia St., Dist. 3, HCMC	3 829 8424	3 829 8551	hcm.ops@internationalsos.com (Clinic Manager)
Victoria Health Care My My	79 Dien Bien Phu Street, Da Kao Ward, District 1, HCMC	3 910 4545	3 910 3334	



HEALTH RECORD/ EXAMINATION FORM

This medical record/examination form must be completed and submitted prior to attendance at the school.

Medical Examination:

Students enrolling in the school are required to provide evidence of a medical examination to ensure that they are in good health prior to commencing school. A thorough medical check by a doctor is important to detect any problems that may affect your child's ability to perform in class or participate in sport's activities. This medical examination and immunisation check can be carried out by your own registered physician or at one of the school approved medical clinics in HCMC on arrival.

Immunisation Record:

It is required that students receive the immunisations noted by the School prior to attendance at the school.

Please note that children have only completed their course of Measles, Mumps, Rubella and Varicella when they have been immunized at 1 year and also had their Booster at 5 years of age.

Acceptable exemptions to this requirement are:

- Physician's certificate that a particular disease had been previously contracted and the student is thereby immune.
- Physician's certificate that the student is allergic to or is otherwise unable to accept a certain immunisation with reason therefore given.
- Religious or cultural reasons acceptable to the Headmaster.

Tuberculosis Screening

Annual tuberculosis screening is recommended whilst living in Vietnam. For those people who have just arrived or plan to come to Vietnam, tuberculosis screening is required as a basis for further checks.

Hepatitis Screening

There is a high incidence of Hepatitis B in Vietnam, therefore there is a need to find out your child's Hepatitis B immunity. A full course of these injections does not guarantee full protection. For this reason your child's antibody status must be checked prior to coming to Vietnam and on an annual basis. Further doses of the vaccination may be indicated if immunity is not sufficient.

Action Plan

Please provide any relevant information about your child e.g. allergies, hypersensitivity that would help the school clinic staff to respond appropriately in an emergency.