



# ISE STUDENT HEALTH FORM

Student ID No. \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Student's Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth date \_\_\_\_\_ Nationality \_\_\_\_\_ Underline: Male / Female

Blood Group \_\_\_\_\_ Rh Factor \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address in Thailand \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Sibling(s)/Sibling(s)'s Grade at ISE \_\_\_\_\_

## Emergency Contact (When parents cannot be reached, contact);

Name \_\_\_\_\_ Day Tel. \_\_\_\_\_

## HEALTH CONDITIONS

Please indicate any of the following that apply to the above student;

- Asthma
- ADD/ADHD
- Diabetes
- Ear Problems
- Heart Prob.
- Skin Prob.
- Vision Prob.
- Kidney/Urinary Tract Prob.
- Other \_\_\_\_\_
- Congenital Anomalies
- Convulsions/Epilepsy
- Migraine Headaches
- Frequent Headaches
- Freq. Stomachaches
- Menstrual Prob.
- Orthopedic Prob.

Please comment on any indicated condition, specifying what the problem is and giving any information that would help the school nurse better care for the student during the school day \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ALLERGIES

Allergies to \_\_\_\_\_  
(Medication, food and/or other)

Routine Medication(s) \_\_\_\_\_

Reaction \_\_\_\_\_

Reason and frequency \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Surgeries:  No  Yes, please specify type and date \_\_\_\_\_

Are there any limitations for PE? \_\_\_\_\_

Please fill out both sides of this form completely.

## IMMUNIZATION HISTORY

Day/Mo/Yr Vaccine	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
HBV (Hepatitis B vaccine)						
DPT or dT (Diphtheria/Pertussis/Tetanus)						
OPV (Oral Polio Vaccine)						
MMR (Measles/Mumps/Rubella)						
JE (Japanese Encephalitis)						
Other Vaccinations						

This record must be kept on file in the Infirmary on the date the student enters ISE. Failure to return this form may result in exclusion of the student from school. Any student who has been absent with a communicable disease must inform ISE and present a doctor's letter first day of return to school, bring a doctor's letter stating that full recovery has taken place. Parents who leave town must notify ISE of guardianship. Please immediately inform the Infirmary of any change to this record, such as change in address, telephone or medical condition.

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified. I certify that all information given on this record is complete and correct.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Permission for school to give medication

Medication must be kept in the Infirmary and be administered by the school nurse. Administration of all medications required parental permission to be given. Only prescription medications may be given by the school nurse with the exception of Tylenol (also know as Acetaminophen, Paracetamol, Capol, Temptra). If you would like the school nurse to give your child Tylenol or its equivalent for minor aches and pains, headaches, toothaches, dental pain, menstrual cramps or fever, please complete sign and date the following consent;

ISE nurses have my consent to give \_\_\_\_\_, my son/daughter, Tylenol or its equivalent during the school day.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_