



STUDENT HEALTH FORM

NORTHBRIDGE INTERNATIONAL SCHOOL CAMBODIA

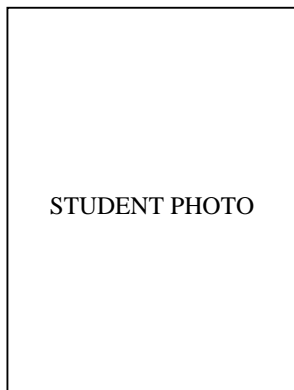
P.O. Box 2042, Phnom Penh 3, Cambodia
Corner of Northbridge Street and International School Street
Tel: (855) 23 886-000 / -006 Fax: (855) 23 886-009
E-mail: Info@NISCambodia.com

Student Name: _____ Date of Birth (mm/dd/yy) _____ Student ID No.: _____

Parent Name: _____ Business Phone: _____ Home Phone: _____

Emergency Contact: _____ Business Phone: _____ Home Phone: _____

REQUIRED TO BE COMPLETED FOR ADMISSION TO NISC



Allergies: yes ___ no ___
If yes, please specify type and reaction:

Surgeries: yes ___ no ___
If yes, please specify type and date:

Medical Conditions:

Asthma yes ___ no ___ Congenital Anomalies yes ___ no ___

Seizures/Epilepsy yes ___ no ___ Diabetes yes ___ no ___

Ear Infections yes ___ no ___ Hearing Difficulties yes ___ no ___

Frequent Headaches yes ___ no ___ Heart Conditions yes ___ no ___

Urinary Infections yes ___ no ___ Menstrual Problems yes ___ no ___

Orthopaedic Problems yes ___ no ___ Rheumatic Fever yes ___ no ___

Skin Conditions yes ___ no ___ Tuberculosis yes ___ no ___

Glasses/contacts/visual problems yes ___ no ___

Do any of the above prevent PE participation? yes ___ no ___ Is the student on medication? yes ___ no ___

PLEASE GIVE DETAILS OF ANY HEALTH CONCERNS AND/OR MEDICATIONS: _____

I, the Child's Parent/Guardian, give permission for the school nurse to provide paracetamol/tylenol as needed yes ___ no ___

Immunizations:

Diphtheria/Pertussis/Tetanus (DPT) Dates: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Oral Polio Vaccine (OPV) Dates: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

BCG (TB Vaccine) Date, if given: _____ Measles/Mumps/Rubella (MMR): _____

TB Skin Test: Type _____ Date _____ Result _____

Chest X-Ray Date, if given: _____ Results _____

Tetanus _____ Other Vaccinations: 1. _____ Date _____ 2. _____ Date _____

Please provide name of clinic/hospital you would prefer your child be taken to in case of emergency: _____

Certification: I give my permission for emergency measures to be initiated in case of accident or sudden illness of my child, with the understanding that I will be notified as soon as possible. I certify that all information given on this record is complete and correct, to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____