



**NORTHBRIDGE
INTERNATIONAL SCHOOL CAMBODIA**

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Family Reference No.

Student ID No.

STUDENT HEALTH FORM

PLEASE PRINT LEGIBLY IN BLOCK LETTERS

Student's Name: _____ Date of Birth (dd/mm/yy): _____
Parent Name: _____ Business Phone: _____ Home Phone: _____
Emergency Contact: _____ Business Phone: _____ Home Phone: _____

STUDENT'S
PHOTO

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
Orthopedic Problems: YES NO
Rheumatic Fever: YES NO
Skin Conditions: YES NO
Tuberculosis: YES NO
Visual Problems: YES NO

Do any of the above prevent participation in physical activity? YES NO

Does the student regularly take any medication? YES NO

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

STUDENT HEALTH FORM CONTINUED

I, the Child's Parent/Guardian, give permission for a representative of the school to provide paracetamol/tylenol as needed: YES NO

Immunizations:

Diphtheria/Pertussis/Tetanus (DPT)

Dates (dd/mm/yy): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Oral Polio Vaccine (OPV)

Dates (dd/mm/yy): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

BCG (TB Vaccine):

Date (dd/mm/yy), if given: _____

Measles/Mumps/Rubella (MMR):

Date (dd/mm/yy), if given: _____

TB Skin Test: Type: _____ Date (dd/mm/yy): _____ Result: _____

Chest X-Ray: Date (dd/mm/yy), if given: _____ Results: _____

Tetanus: Date (dd/mm/yy), if given: _____

Other Vaccinations: 1. _____ Date (dd/mm/yy): _____

2. _____ Date (dd/mm/yy): _____

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: _____