

Student's Name:

Grade Applying:

Date:



**Admissions Office**

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# Immunization & Medical Clearance Form

*Must be completed by a licensed physician no more than 6 months before the expected start date*

## IMMUNIZATION RECORD:

Attach a copy of the student's immunization records or fill out the section below.

All students, as a condition for admission, must be current on their childhood immunization schedule. At the minimum this includes Polio, Diphtheria, Pertussis, Measles, Mumps, Rubella and Hepatitis B.

Dear Parent/Guardian,

Getting immunized is important for at least two reasons: to protect yourself and to protect those around you. Vaccines are the best way we have to prevent infectious disease. Therefore, at JIS, we require students to have to following vaccinations:

Required JIS Vaccinations	Date	Date	Date	Date	Date
<b>DPT, DtaP</b>	2 months ...../...../.....	4 months ...../...../.....	6 months ...../...../.....	15-18 months ...../...../.....	4-6 years ...../...../.....
<b>DT &gt; 7 years</b>	10 years after last DPT need a booster ...../...../.....				
<b>Polio</b>	2 months ...../...../.....	4 months ...../...../.....	6-18 months ...../...../.....	4-6 years ...../...../.....	
<b>Hepatitis B</b>	shortly after birth ...../...../.....	1-2 months ...../...../.....	6-18 months ...../...../.....		
<b>Measles</b>	12-15 months ...../...../.....	4-6 years ...../...../.....			
<b>Mumps</b>	12-15 months ...../...../.....	4-6 years ...../...../.....			
<b>Rubella</b>	12-15 months ...../...../.....	4-6 years ...../...../.....			

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For living in Indonesia we would additionally recommend to get the following vaccinations following CDC (Center of Disease Control and Prevention) advice:

Recommended Vaccinations	Date	Date	Date	Date	Date
<b>HIB</b>	2 months ...../...../.....	4 months ...../...../.....	6 months ...../...../.....	12-15 months ...../...../.....	
<b>Meningococcal</b>	11-12 years ...../...../.....	Booster (16 years) ...../...../.....			
<b>Hepatitis A</b>	2 shots 6 months apart ...../...../.....				
<b>Typhoid</b>	Typhoid every 2 years ...../...../.....				
<b>Rabies</b>	Day 0 ...../...../.....	Day 7 ...../...../.....	Day 21-28 ...../...../.....		
<b>Japanese Encephalitis</b>	Day 0 ...../...../.....	Day 28 ...../...../.....			
<b>Varicella/ Chickenpox</b>	Children <13 years 2 shots <b>1.) 12-15 months</b> ...../...../..... <b>2.) 4-6 years</b> ...../...../.....	Children <13 years 2 shots <b>1.) Day 0</b> ...../...../..... <b>2.) Day 28</b> ...../...../.....			
<b>HPV (Human Papiloma Virus)</b>	2 shots 6-12 months apart ...../...../.....	3 shots in 6 months ...../...../.....			

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## PHYSICAL EXAMINATION

	Normal	Abnormal		Normal	Abnormal
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia/Male Only	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>	Posture	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	Joints	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Lung	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	<input type="checkbox"/>

Height:

Weight:

Blood Pressure:

Vision:

R

L

The student's immunizations for Polio, Diphtheria, Pertussis, Measles, Mumps, Rubella and Hepatitis B are current

Describe findings:

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Able to participate in sports?  Yes  No

Restricted from the following activities:

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Examination completed by: Signature & Stamp:

Printed Name:

Title:

Date:

Address

Office Phone Number:

Email: