BRITISH INTERNATIONAL SCHOOL RIYADH

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MEDICAL REPORT

Mandatory requirement prior to admission

Child's Family Name:		Child's First Name:	
Girl / Boy	Date of Birth (day/month/year):		
Home Address:			Home Phone:
Father's Name:	Occupation:		Work Phone:
Mother's Name:	Occupation:		Work Phone:
Emergency Contact Name (3rd Person Contact Details)		Contact Numbers: /	
Mobile Numbers: Father:	Mother:		Emergency:

CONSENT TO INITIAL CARE BY AL MOUWASAT HOSPITAL I consent to arrangements being made, in an emergency, for my child to receive initial treatment from the Al Mouwasat Hospital and the 24 hour policy following assessment by Clinic Staff.		
Print Name:	Signature:	Date:

CONSENT TO TREATMENT BY SCHOOL NURSES I consent to my child receiving the necessary treatment and/or medication from a qualified school nurse.		
Print Name:	Signature:	Date:

Does your child have any special medical problems?
Does your child take medication regularly? Yes / No If yes, please give details:
Is your child allergic to anything, including medication? Please give details:

Please update the clinic regarding new or changes to any health issues

Please complete the HEALTH HISTORY below

Immunization requirements for Pre-school (aged three, turning four)	Parent to complete	
BCG or Negative PPD test (to be repeated every 2 years)	☐Yes	☐No
MMR (Measles, Mumps, Rubella) – 1st dose	☐Yes	☐No
DTP/Hib (Diphtheria, Tetanus, Whooping Cough and Haemophilus Influenzae) – 3 doses at 2, 4 & 6 months.	☐Yes	☐No
Oral Polio – 4 doses or 3 doses of IPV	☐Yes	☐No
Immunization requirements for all children aged four years include all vaccinations listed above AND the following:		
DTP and Polio - Pre-School Boosters	☐Yes	☐No
MMR 2nd dose of MMR if not already given	☐Yes	☐No

Immunizations required for all children aged thirteen years and above (Year 9 entry and above) include all vaccinations listed above AND the following:		
DPT and Polio	☐Yes	☐No
Rubella (German Measles) - girls only 10-14 years	☐Yes	☐No
Meningococcal ACWY – 1 dose (recommended)	☐Yes	☐No
Hepatitis A – 2 doses *(optional but recommended)*	☐Yes	☐No
Hepatitis B – 3 doses *(optional but recommended)*	☐Yes	☐No

Copy of Immunization Documents
☐ I/We have attached a photocopy of the child's immunization schedule, officially translated into English (if necessary). We confirm that we can provide the original copy of the child's current immunization history if requested by BISR

Has your child had any of the following (tick applicable box) and write any further comments below or attach a letter giving full details.

☐ Chicken Pox	☐ Measles	☐ Athletes Foot
☐ Hepatitis	☐ Meningitis	☐ Verruca
☐ Heart Condition	☐ Migraine	☐ Diabetes
☐ Eczema	☐ Coordination Problems	☐ Orthopedic Problems
☐ Vision / Eye Problems	☐ Hearing / Ear Problems	☐ Epilepsy / Convulsions /Seizures
☐ Speech Difficulties	☐ Concentration Problems	☐ Behavioral Problems
☐ Pregnancy/Birth Complications		☐ Developmental Delay
☐ Hospitalization and/or operations:		
☐ Asthma: takes medication? Yes/No. If yes, please supply an inhaler/medication to be kept in the school clinic for Routine/emergency use.		
Any other relevant medical information:		

Is there anything the school should know regarding your child's health that is not mentioned on this form? If so, please state: _____

If your child is to be administered medication from your doctor during school hours, it will only be given with an accompanying letter from the parents plus the doctor's prescription. If you give your child medicine before he/she comes to school **please** inform the nurse.

Based on current history, I confirm the above named student is free of contagious disease, vaccinated in accordance with the above mandatory school requirements and fit for all usual school activities.

_____ _____

Parent's Signature **Date**