



**AMERICAN INTERNATIONAL SCHOOL IN ABU-DHABI**  
School Clinic

Please Add  
Student Recent  
Photo

**STUDENT'S HEALTH RECORD**

• **GENERAL INFORMATION:**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Female [ ] Male [ ] Joining Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ / Nationality: \_\_\_\_\_ Grade Level: \_\_\_\_ AISA Student ID #: \_\_\_\_\_

**CONTACT DETAILS: (Please print clearly)**

FATHER	MOTHER	EMERGENCY CONTACT
Name:	Name:	Name:
Home #:	Home #:	Home #:
Office #:	Office #:	Office #:
Mobile #:	Mobile #:	Mobile #:
Email:	Email:	Email:

**MEDICAL INFORMATION: Kindly write (Y) for YES or (N) for NONE. Please provide medical reports if necessary.**

NON-INFECTIOUS DISEASES				INFECTIOUS DISEASES		
Allergy	Hearing Problems	Diabetes Mellitus	Hemophilia	ADHD	Chicken Pox	Poliomyelitis
Asthma	Vision Problems	G6PD	Sickle Cell Anemia	Heart Problems	Diphtheria	Mumps
Eczema	Kidney Diseases	Cancer	Epilepsy	Migraine	Hepatitis	Conjunctivitis
Anorexia/Bulimia	Colon/Intestinal Problems	Urinary Infection	Psychological Problems	Others	Measles	Rubella
<b>SURGICAL INTERVENTION: Type:</b>		<b>Year:</b>	<b>Reason:</b>			

IMMUNIZATION (DATE GIVEN: D/M/Y)					
DPT	HIB 1 <sup>st</sup>	MMR	Hepatitis B 1 <sup>st</sup>	HPV 1 <sup>st</sup>	Meningitis
OPV	2 <sup>nd</sup>	Hepatitis A	2 <sup>nd</sup>	2 <sup>nd</sup>	Other:
Varicella (Chickenpox)	3 <sup>rd</sup>	Rubella	3 <sup>rd</sup>	3 <sup>rd</sup>	

**NOTE: Please attached a copy of your child's "UPDATED IMMUNIZATION RECORD"**

**DPT** (Diphtheria, Tetanus, Pertussis)    **OPV** (Oral Polio Vaccine)    **MMR** (Measles, Mumps, Rubella)    **HPV** (Human Papilloma Virus)

**VACCINATIONS GIVEN AT AISA SCHOOL CLINIC**

<b>Grade</b>	<b>Date/Time</b>	<b>Type of Vaccine</b>	<b>Route of Administration</b>	<b>Lot # / Expiry Date</b>	<b>Nurse's Name</b>

**SCHOOL CLINIC POLICY: (Please read)**

- Student medical health records and confidentiality are protected.
- Students with contagious illness such as *Chickenpox, Measles, Mumps, Meningitis, Whooping Cough, Scarlet Fever, Ringworm, Conjunctivitis “Pink Eye” and Severe Tonsillitis* should stay at home and follow medical advices.
- The School Nurse will administer first-aid and other necessary medical care to your child in case of illness or injury occurring at school.
- In case of emergency, the School Nurse will notify parents or guardians for further treatment or hospitalization. The Student-Patient is required to submit a copy of sick leave or medical certificate signed by his doctor upon return to school.
- The Student-Patient should see the School Nurse first for assessment of his/her current health condition and will call the guardian if needed to pick up his/her child.
- It is the responsibility of the parents to inform the School Nurse if there are any changes in the student’s health condition.

**CONSENT FOR MEDICAL AND EMERGENCY TREATMENT**

I \_\_\_\_\_, hereby voluntarily consent the School Doctor and School Nurse of AISA to arrange for routine or  
 (Name of the Legal Guardian)  
 emergency medical care and treatment necessary to preserve the health of my child \_\_\_\_\_ while he/she is at school. In  
 (Name of the Student)  
 the event that my child is injured or ill while under the care of school health staff, I hereby give permission to them to render first-aid and to take the appropriate measures as may in their professional judgment be necessary to provide for my child’s current health condition.

**Hospital of Choice:**  
 \_\_\_\_\_

**Signature:**  
 \_\_\_\_\_

**Name of Guardian:**  
 \_\_\_\_\_

**Date Signed:**  
 \_\_\_\_\_