



STUDENT HEALTH RECORD

Name of Student	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Family Name	First Name	Middle Name
Male/Female	<input type="text"/>	Birth Date	<input type="text"/>
		Day	Month
			Year
Blood Group	<input type="text"/>	Grade	<input type="text"/>
			Date Started
Relevant Medical Information			
Medical Conditions	<input type="text"/>		
Regular Medications	<input type="text"/>		
Allergies	<input type="text"/>		
Learning Support	Yes / No	ESL	SLN
	<input type="text"/>	<input type="text"/>	<input type="text"/>

DD/MM/YY	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Booster
Polio						
DPT						
Hib						
Hepatitis B						
Hepatitis A						
MMR						
TD/TT						
B.C.G			T.B/Tine Test:			
Varicella						
Pneumococcal						
Meningococcal						
Yellow Fever						

Can this Student participate in Physical Education: Yes/No: Remarks:

Any physical limitations? Yes/No: Remarks:

Any special assistance needed? Yes/No: Remarks:

It is school policy and practice to call a parent immediately if a child requires urgent medical assistance. However, contact is not always possible. In such circumstances please indicate your acceptance that the ABA has permission to seek professional medical assistance by signing at the back of the document.

Antigen	Description	Schedule
BCG	Bacille Calmette-Guérin Vaccine	birth
Hep.B	Hepatitis B vaccine	birth
IPV	Inactivated polio vaccine	9 weeks
DTwPHibHep	Diphtheria and tetanus toxoid with whole cell pertussis, haemophilus influenza type B and hepatitis-B vaccine (Penta)	2, 4, 6 months
Pneumo_conj	Pneumococcal Conjugate vaccine 13 (PCV)	2, 4, 13 months
OPV	Oral polio vaccine	4, 6, 18 months, 6, 18 years
Vit A	Vitamin A supplement	9, 18 months
MMR	Measles, mumps and rubella vaccine	12, 18 months
Varicella*	Varicella vaccine	12 months
DTwP	Diphtheria and tetanus toxoid with whole cell pertussis vaccine	18 months
MenACWY	Meningococcal A,C,Y, W135 vaccine	2 years
DT	Tetanus and diphtheria toxoid, children's dose	6 years
Td	Tetanus and diphtheria toxoid,for older children/adults	12, 17 years

Optional

Influenza	Seasonal influenza vaccine
Rabies	Rabies vaccine
Typhoid	Typhoid fever vaccine
Yellow fever	Yellow fever vaccine

* Varicella is given to all children born in Oman after 2010. Any child up to the age of 12, who has not received the vaccination or had chickenpox, is required to have the this vaccine.

Source: WHO vaccine-preventable diseases: monitoring system 2013 global summary

Please note:-

ABA expects that prior to admission to the school, your child will have the required vaccinations, as highlighted above, in accordance with the vaccination schedule in Oman.

It is expected that you will continue with the necessary vaccinations while your child is a student at ABA.

Please consult your doctor or health advisor to have the required vaccinations, and ensure updated information is given to the Health Office. For students with medical conditions or allergies, please contact the Health Office to discuss a care-plan.

Parent/Legal Guardian's Signature

Date

SCHOOL VACCINE REQUIREMENTS

The vaccines listed below are required **prior to** admission to ABA. For the safety of all of our students and our community, no student may be admitted unless she/he has proof of these immunizations.*

All students:

Polio
DPT
Hib
Hepatitis B
MMR

and

All students under 5 years:

BCG or Mantoux test

All students under 12 years:

Varicella

VACCINATION INFORMATION

Polio: Poliomyelitis, 4 doses plus a booster dose at 6 and 18 years

DPT: Diphtheria, Pertussis and Tetanus, 4 doses

Hib: Haemophilus Influenza Type b: 3 doses or a single dose between 15-59 months

Hepatitis B: 3 doses

MMR: Measles, Mumps and Rubella, 2 doses

BCG: Bacille Calmette -Guerin Vaccine against tuberculosis, 1 dose under the age of 5 years or
Mantoux test: Tuberculin skin test using Mantoux technique, every 4 years

DT/Td: Diphtheria/Tetanus/, booster dose at 6, 12 and 17 years

Varicella: Chicken pox , 2 doses, under the age of 12 years

*Copy of the required vaccination documents in English, which has date and name of vaccines given, and official stamps from the clinic/hospital.