



STUDENT HEALTH FORM

STUDENT'S FAMILY NAME	FIRST NAME	DATE OF BIRTH	SEX	GRADE
NAME OF PARENT 1/LEGAL GUARDIAN		NAME OF PARENT 2/LEGAL GUARDIAN		

MEDICAL HISTORY/CONCERNS

If any of the below information changes or your child develops a new illness/condition during their stay at ISB please notify the School Office, Eleanor Brinkmann-Mclean by way of an updated form.

Please check and give appropriate date if child has had any of the below illnesses or suffers from the following conditions:

Dates of past illnesses	x	Date
Chicken Pox		
Whooping cough		
German Measles (Rubella)		
Measles (Please provide proof)		
Mumps		
Rheumatic Fever		
Scarlet Fever		
Tuberculosis		
Pneumonia		
Poliomyelitis		
Frequent Colds		
Frequent Ear Infections		
Tonsillitis		
Other*		

Does the student suffer from any of the following?	x	Date
Diabetes		
Epilepsy		
Heart Trouble		
Fainting		
Asthma		
Hearing Difficulty		
Vision - "-		
Speech - "-		
Colour Blindness		
Menstrual Pains		
Physical Impairment*		
Concentration Difficulty		
Operations*		
Serious Injuries		
Other*		

*Additional Comments to the above

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Medical condition	Yes	No	Which:
Is the student on or taking medication?			
Is there any restriction on physical activity?			
Does the student have allergies/food allergies?			

Please turn over and complete next page.

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IMMUNIZATIONS. Please fill in the chart below and enclose your child's vaccination record card /Impfausweis.

Immunizations	Date	Date	Date
Smallpox			
Diphtheria			
Whooping C.			
Measles			

It is mandatory to show the *original* vaccination record card/Impfausweis to the School Office

Mumps			
Rubella			
Polio Inject.			
Polio Oral			
Typhoid Fever			
Hepatitis B			
Tetanus			
-"- Booster			
BCG			

This information is given voluntarily and underlies the physician's discretion. All health information you provide shall be treated in a confidential manner and remain in your child's student file. Personal data will not be shared with a third party.

With their signature, parents/legal guardians confirm that the above information is true and correct.

Date

Signature of Parents/Legal Guardians