



Instructions for Completion of New Students Medical Package

All new students must complete the New Students Medical Package. This should be completed no more than 6 months **BEFORE** commencement date at ISB.

Please see the following attached forms which are in the medical package:

- 1. Physical Examination Report (New Student)**
This form must be completed by a licensed Medical Practitioner.
- 2. Tuberculosis Screening Form (New Student)**
This form must be completed by a licensed Medical Practitioner.
- 3. Certificate of Immunization**
This form must be completed by a licensed Medical Practitioner.
- 4. Nurse Medication and Emergency Treatment Consent Form**
This form must be filled out by one or both parents.

Please note:

- These forms must be submitted to the ISB Admissions Office via PowerSchool by downloading the form via the checklist in OpenApply.
- The registered Medical Practitioner does not need to be Thailand based.
- Please ensure all current health issues (physical/social/emotional/behavioral) are discussed with the Medical Practitioner. This information will be kept in the student's health records and will **ONLY** be available to staff members directly involved with the student's education and care.
- Incomplete medical packages will not be accepted. **ALL** forms must be completed and submitted at the same time.
- If students have anaphylaxis, insulin dependent diabetes or severe/poorly controlled asthma, care plans for these conditions **MUST** be submitted with the medical package. Additionally, if students have underlying conditions, which is information that requires submission to the family or Health Coordinator, we request that these forms be submitted as well. These forms are available from the ISB Health Center (email: nurse@isb.ac.th) or the ISB website under Health Services.
- If a student requires medication to be given on a regular basis a Prescription Medication Consent form must be filled out by the treating medical practitioner and signed by the parents. This form is available from the ISB Health Center (email: nurse@isb.ac.th) or the ISB website under Health Services.



International School Bangkok

Physical Examination Report (New Student)

A registered Medical Practitioner must complete this form.

The examination should be completed no more than 6 months prior to commencement at ISB and submitted to the Admissions Office **BEFORE** the student can be authorized to start school. Scanned copies are permissible. Any queries regarding this Physical Examination Report please email nurse@isb.ac.th or call +66-62-995-9962.

Please complete the information below on behalf of the student:

Family name _____ DOB (d/m/y) _____

Given name(s) _____ Gender _____

Enrolling in grade _____ Enrolling in academic year 24/25 25/26

1. Current health issues (include medication and allergies) _____

2. Health assessment

Weight _____ (kg or lbs) Height _____ (cm or ft/in) BMI _____

Pulse _____ Blood Pr. _____

3. Physical Examination

Medical Appearance	Normal	Abnormal (referred for evaluation or treatment)
Eyes, ears, nose, throat		
Lymph Nodes		
Lungs		
Heart (sound/murmur)		
Peripheral Pulses (nature)		
Abdomen		
Skin		
Musculoskeletal: Head & Neck		
Extremities (to include arms, legs, elbows, knees, hips and ankles)		



4. Musculoskeletal Evaluation (Scoliosis screening)- only required for students entering grades 6-12

Appearance	Normal	Abnormal (referred for evaluation or treatment)
Torso asymmetry		
Truncal asymmetry		

If 'Abnormal', please list physical activity restrictions: _____

- No further referral necessary Refer to a _____ specialist

5. Cardiac Evaluation - only required for students entering grades 5-12

ECG Results (please attach a copy of the ECG): _____

If ECG is abnormal, please refer the student to a Pediatric Cardiologist for further evaluation and consultation. Please indicate above if any further follow up is required.

6. Hearing Screening - Students may perform a screening hearing test in lieu of a full audiogram if necessary. Most packages at partner hospitals in Thailand offer a complete audiogram.

Screened at 20db. Please indicate Pass (P) or Refer (R) in each box

Ear	1000	2000	4000	6000
Right				
Left				

- Refer to Audiologist Permanent hearing loss

Please list any additional information: _____



7. Vision Screening

Correction lenses/glasses?

Yes

No

Color deficiency test:

Pass

Fail

Distance	Left eye	Right eye	Both eyes
	20/	20/	20/

Pass

Refer to an eye doctor

Please list any additional information: _____

8. Summary of Findings (Select one)

- Well child; no conditions of concern have been found or identified. The child is cleared to participate in all sports and school activities.
- Condition identified and the child is not cleared to participate in all school sports and activities (**please explain here including any restrictions and follow up required**):

9. Certification

Name of Medical Provider

Signature

Official Stamp

Qualifications

Date (d/m/y)



International School Bangkok

Tuberculosis Screening Form (New Student)

Please complete the information below on behalf of the student:

Family name _____

DOB (d/m/y) _____

Given name(s) _____

Enrolling in grade _____

All new students are required to have a negative screen for Tuberculosis and **results submitted**.

The test done should be discussed with the physician to determine the most appropriate screening test for the student.

Only **ONE** of the following tests must be done (*not more than 6 months prior to enrollment*):

TEST 1 - Mantoux Skin Test

Positive Induration: _____ mm

Negative Date (d/m/y): _____

Test 2 - Tuberculosis QuantiFERON test

Positive

Negative Date (d/m/y): _____

Test 3 - Chest X-ray

Positive Results of test: _____

Negative Date (d/m/y): _____

If the screening test is positive or suggestive of Tuberculosis, the student must see an Infectious Diseases Physician and provide a medical certificate stating they do not have active Tuberculosis and are not contagious to others. Please also indicate if they have commenced treatment for Tuberculosis.

Certification (Please do not certify until results are available)

I certify that the above named student does not have active Tuberculosis and is not contagious to others.

Name of Medical Provider

Signature

Official Stamp

Qualifications

Date (d/m/y)



Certificate of Immunization

Please complete the information below on behalf of the student:

Family name _____

DOB (d/m/y) _____

Given name(s) _____

Enrolling in grade _____

All students are required to have age appropriate vaccinations unless there is a MEDICAL CONTRAINDICATION for a given vaccine. In this circumstance a medical certificate is required stating the reason the vaccine was not given. The student will be excluded from school if there is an outbreak of the disease they are not vaccinated against in the community. Certify the below information on the next page.

REQUIRED Immunizations (please specify date in d/m/y under each required dose):

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTaP					
Tdap - at 10-12 years					
IPV/OPV - Last dose must be given at 4 years or older					
MMR/MMRV					
<i>If MMR/MMRV vaccine was not given, students must have received the following immunizations individually:</i>					
Measles					
Mumps					
Rubella					

OPTIONAL Immunizations (please specify date in d/m/y under each dose received)

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Hep A					
Hep B					
Varicella (if MMRV not given)					
Meningococcal					
Japanese Encephalitis					
Rabies					
HPV					
Annual Influenza (most recent dose)					
Covid-19					



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Vaccination Certification

I certify that _____ (student's name) is age-appropriately immunized and has had the required immunizations as required by International School Bangkok (ISB).

Name of Medical Provider

Signature

Official Stamp

Qualifications

Date (d/m/y)