The American International School of Abuja

Physical Examination/Immunization Form

Please have this form completed, signed and stamped by a physician, nurse or health authority and return it to the Registrar via email at admission@aisabuja.com.

I certify that _____ has been examined and
SURNAME, First Name

☐ he/she is physically fit to participate in all school physical athletics and activities
☐ he/she is restricted from participation in school physical athletics/activities as follows

All students enrolled at AISA must provide proof that they have had, or are in the process of completing all of the following immunizations before entering school:

Required Vaccines:	**Recommended Vaccines: Highly Recommended ***
Diphtheria, Tetanus, Pertussis (DTP Series)	Typhoid
Measles, Mumps, Rubella (MMR series)	Hib (Haemophilus Influenza Type b)
Poliomyelitis (OPV/IPV Series)	Rabies
Yellow Fever	Meningococcal *
Tuberculosis PPD Skin Test or BCG Vaccination	Hepatitis A and B
	Varicella (Chickenpox) *

Please attach a copy of the student's complete immunization record and complete this form

REQUIRED IMMUNIZATION	**ENTER DATE EACH IMMUNIZATION WAS GIVEN**				
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
Poliomyelitis (OPV or IPV)	1	2	3	4	5
Measles, Mumps, Rubella (MMR 1 & 2)	1	2	Confirmation of Measles, Mumps, Rubella immunity:		
Yellow Fever	1				
Tuberculosis PPD Test-renewed yearly or BCG Vaccination.	PPD Test Results: mm of duration				
Other:			Other:		
Other:			Other:		

To the best of my knowledge, the student named has received the required immunizations listed below.

Name of Doctor: _____ Doctor`s Signature: _____

Name of Hospital: _____ Date: _____

Official Stamp Here