

Summer Semester Medical Examination Form

Are you a current SAS family? Yes No

STUDENT INFORMATION

Name
Last Name First Name Middle Name

Gender Male Female Grade Birth Date
MM/DD/YYYY

EMERGENCY CONTACT

Name Relationship Mobile No.

IMMUNIZATION HISTORY

Please **attach** proof of your child's immunization records provided by your physician as this form will not be accepted without these records. SAS is required to ensure that our students are immunized in accordance with current Singapore law. This means that submitting updated immunization records for your child is **mandatory** to attend school at SAS. All students must have:

- Two MMR (Measles, Mumps, Rubella) vaccines upon reaching 18 months of age;
- Four DTaP (Diphtheria, Tetanus, acellular Pertussis) vaccinations upon reaching 18 months of age; and
- Fifth Tdap booster (Tetanus toxoid, reduced diphtheria toxoid, acellular pertussis) at 10-11 years of age.

For more information regarding this requirement, you can visit the Singapore Health Promotion Board (HPB) website at www.hpb.gov.sg.

HEALTH HISTORY (tick where applicable)

Allergies

	YES	NO		YES	NO
Chronic/recurrent illness			Dental caps/bridges/bracers/plates		
Hospitalizations			Asthma		
Surgery			Problems with heart/murmurs		
Injury treated by physician			Problems with spleen/liver		
Organs missing			Problems with bladder/kidneys		
Heat exhaustion/stroke			Hernias/GI problems		
Dizziness/fainting/headaches			Recurrent skin problems		
Convulsions/fits			Bone/joint injury		
Concussion			Sprain/dislocation		
Wears glasses/contacts			TB/PPD		

EMERGENCY TREATMENT AUTHORIZATION

In the event of an emergency when immediate observation or treatment is deemed necessary in the judgement of the school nurse and/or authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible.

Parent/Guardian Signature

MM/DD/YYYY

Sports participation approved? Yes No

Field trip participation approved? Yes No

Swimming participation approved? Yes No

Permission to administer Panadol/
Acetaminophen (pain reliever/fever reducer)? Yes No

I hereby certify that all of the above information is up-to-date and accurate to the best of my knowledge.

Parent/Guardian Signature

MM/DD/YYYY