



THE AMERICAN INTERNATIONAL SCHOOL OF MUSCAT

STUDENT IMMUNIZATION RECORDS AND HEALTH HISTORY

Student Name: _____

Grade: _____

This page should be completed by parent/guardian, and emailed to nurse@taism.com

Immunization History (MM/DD/YYYY)

MANDATORY IMMUNIZATIONS	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Last Booster
HBV (Hepatitis B) - 3 Doses						
DPT (Diphtheria, Pertusis, Tetanus) - 5 Doses Tdap (Age 11-12)						
HIB (Haemophilus Influenza, Type B) - 3 Doses						
IPV (Polio Virus Vaccine) - 4 Doses						
MMR (Measles, Mumps, Rubella) - 2 Doses						
RECOMMENDED IMMUNIZATIONS	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Last Booster
PCV (Pneumococcal Conjugate Vaccine) - 4 Doses						
Chicken Pox (Varicella) - 2 Doses						
Hepatitis A - 2 Doses						
MCV4 (Meningitis) (Age 11-12)						
HPV (Human Papillomavirus) - 3 Doses						
BCG (Tuberculosis)						
TBC (Tubercular Skin Test)		Negative ____	Positive ____			
COVID - Please attach the COVID vaccine certificate						

Student Health History

	Yes	No		Yes	No
Abdominal Complaints	☐	☐	Menstrual Problems	☐	☐
Allergies	☐	☐	Skin & Hair	☐	☐
Asthma	☐	☐	Surgery/Fractures	☐	☐
Chicken Pox	☐	☐	Tonsillitis	☐	☐
History of Ear Infections	☐	☐	Tuberculosis	☐	☐
Head Injuries	☐	☐	Whooping Cough	☐	☐
History of High Fevers	☐	☐			

If "yes" to any of the above, please provide details: _____

Please list any other health conditions the school needs to be aware of, to meet the needs of the child: _____

Date: _____
(Month/ Day/ Year)

Signature: _____
(Parent or Guardian)

Printed Name: _____