International School Bangkok

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 2018/19/20**

This form must be filled out by one (or both parents)

Please note:

- These forms should be submitted to the ISB Admissions Office or emailed to admissions@isb.ac.th.
- The registered Medical Practitioner does not need to be Thailand based.
- Please ensure all current health issues (physical/social/emotional/behavioural) are discussed with 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 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, diabetes or asthma, Care Plans for these conditions MUST be submitted with the medical package. These forms are available from the ISB Health Clinic (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 the parents. This form is available from the ISB Health Clinic (email nurse@isb.ac.th) or the ISB website (under Health Services).

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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 ISB Admissions Office or send by email to admissions@isb.ac.th BEFORE the student can be authorized Zto start school.
Any queries regarding this Physical Examination Report please email nurse@isb.ac.th or call +662-960-4109

Academic Year Student commencing ISB ☐2018/19 ☐2019/20

Student Family Name: _____ Given Names: _____

Date of Birth: _____ (dd/mm/yyyy) Gender: ☐M ☐F Grade Level at ISB (at start date): _____

1. Current Health Issues (include medications and allergies): _____

_____

_____

2. Health Assessment

Weight: _____ Units: lbs. or Kg Height: _____ units: cm or feet/inches

Pulse_____ Blood Pressure_____/_____

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		
Musculoskeletal: Back (to include scoliosis screening)		
Extremities (to include arms, legs, elbows, knees, hips and ankles)		

4. Cardiac Evaluation For students entering Grades 6-12.

ECG result (please attach a copy of the ECG):

_____

_____

If ECG is Abnormal, please refer the student to a Pediatric Cardiologist for further evaluation and consultation (this may include Echocardiogram or Stress Test, for example). Please indicate any further follow up that is required.

_____

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Student Last (Family) Name: _____ Given Names: _____

5. Hearing Screening

Screened at 20dB: Indicate Pass (**P**) or Refer (**R**) in each box:

	1000	2000	4000	6000
Right				
Left				

☐**Refer to Audiologist** ☐**Permanent Hearing Loss**

Note: _____

_____

6. Vision Screening:

Corrective lenses or glasses? ☐Yes ☐No **Color Deficiency Test**: ☐Pass ☐Fail

Distance	Left	Right	Both
	20/	20/	20/

☐**Pass** ☐**Refer to an eye doctor**

Note: _____

_____

7. Summary of Findings (Check one)

☐Well child; no conditions of concern have been found or identified. The child is cleared to participate in sports, athletics and school activities.

☐Condition identified and the child is not cleared to participate in school sports, athletics and activities (please explain here including any restrictions and follow up required):

_____

_____

_____

7. Certification

Signature of Medical Provider: _____ Date: _____

Name of Medical Provider: _____

Qualifications: _____

Official Stamp:

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Tuberculosis Screening Form (New Student)

Student Family Name: _____ Given Names: _____

Date of Birth (dd/mm/yyyy): _____ Grade Level at ISB (at start date): _____

All new students are required to have a negative screen for Tuberculosis. The screening test done should be discussed with 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):

1. Mantoux Skin test ▫ Positive ▫ Negative Date (dd/mm/yy): _____

   Induration in mm: _____

   OR

2. Tuberculosis QuantiFERON test ▫ Positive ▫ Negative Date (dd/mm/yy): _____

   OR

3. Chest X-ray ▫ Positive ▫ Negative Date (dd/mm/yy): _____

   Result: _____

If the screening test is positive or suggestive of Tuberculosis, the student must see and 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.

Signature of Medical Practitioner: _____ Date (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Qualifications: _____

Official Stamp:

International School Bangkok

Certificate of Immunization

Student Family Name: _____ Given Names: _____

Date of Birth (dd/mm/yyyy): _____ Grade Level at ISB (at start date): _____

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 reason 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.

REQUIRED Immunizations (please specify date in dd/mm/yyyy):

	Date	Date	Date	Date	Date
DTaP (5 doses)					
Tdap (1 dose at 10-12 years)					
IPV/OPV (4 doses. Last dose must be given at 4 years or older)					
MMR/MMRV (2 doses)					

If MMR/MMRV vaccines were not given students must have received individual measles, mumps and rubella vaccination. Please provide vaccination and dates:

_____

_____

OPTIONAL Immunizations:

Vaccine	Date	Date	Date
Hep A			
Hep B (3 doses)			
Varicella (if MMRV not given) (2 doses)			
Meningococcal			
Japanese Encephalitis (2 doses)			
Rabies (3 doses)			
HPV (2-3 doses)			
Annual Influenza (last 3 doses)			

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

Signature of Medical Practitioner: _____ Date: dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Qualifications: _____

Official Stamp:

International School Bangkok

Nurse Medication and Emergency Treatment Consent Form 2018/19/20

Parents to complete this form

Student Family Name: _____ Given Names: _____

Date of Birth (dd/mm/yyyy): _____ Grade Level at ISB (at start date): _____

The School Health Clinic provides some over the counter medications that your child may benefit from for certain presentations to the clinic. We will only provide these medications with parental consent.

Please indicate whether you give consent for the nurse to administer the following:

Medication:	Use	Yes	No	Telephone Parent
Acetaminophen/Paracetamol	Pain, fever			
Ibuprofen	Pain, fever			
Decongestant (like Dimetapp)	Nasal and sinus congestion			
Antacid (like Tums)	Stomach upset			
Antihistamine	Allergy			

I/We consent for the above named student to be given over the counter medications as outlined above.

I/We undertake that I/we have given ISB authority to administer this medication on my behalf and accept full responsibility for the same in the event that my child has any adverse reaction to this medication, provided that the medication was administered in accordance with the instructions on the packaging.

I/We give consent for emergency medical care to be provided to my child (on campus and during off campus ISB activities) with the understanding that I/we will be contacted as soon as possible.

I/We understand that current health issues will be updated in our child's health records and will be available to staff directly involved in our child's education and care.

(Only one parent is required to sign; both may sign if you prefer.)

Signed: _____(Parent) Signed: _____(Parent)

Name: _____ Name: _____

Telephone Number: _____ Telephone Number: _____

Date (dd/mm/yyyy): _____ Date (dd/mm/yyyy): _____