



SAIGON SOUTH INTERNATIONAL SCHOOL

Nguyen Van Linh Parkway, Tan Phong Ward, District 7, Ho Chi Minh City, Vietnam
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Connecting Learning To Life

For office use only	
Date:	_____
Nurse's signature	

HEALTH FORM

*This form must be completed and returned to the SSIS prior to school attendance.
All the information must be in English.*

Name:	_____	_____	_____	Grade:	_____
	Last	First	Preferred name		
D.O.B:	_____	Sex:	_____	Nationality	_____

FAMILY INFORMATION:

Student resides with: Both Parents Mother Father Guardian

Mother / Name: _____ Contact No.: _____

Father / Guardian Name: _____ Contact No.: _____

If student will be staying with a guardian please provide contact information for the parents:
Parent Phone number: _____ Parent E-mail: _____

EMERGENCY CONTACTS: Please do not list parents. These are numbers the school should call in the event that we cannot reach the parent/guardian

Primary Contact Name: _____ Secondary Contact Name: _____

Relationship: _____ Relationship: _____

Phone number: _____ Phone number: _____

Mobile: _____ Mobile: _____

MEDICAL EMERGENCY AUTHORIZATION:

- I authorize SSIS to refer my child to a hospital for urgent treatment in case the above emergency contacts can not be reached. I shall bear financial responsibility for any such treatment.
- Permission for minor medications: Advil (Ibuprofen), Acetaminophen (Tylenol), Anti-histamine (Benadryl, Actifed, Clarityne), Antacid (Maalox), Throat lozenges : YES NO

Parent 's name in print:	_____	Parent 's signature:	_____
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Date:	Day /	Month /	Year/
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STUDENT HEALTH HISTORY

Student Name:			
	Last name	First name	Preferred name

Infectious disease history			Health problems / issues / doctor 's diagnosis		
	NO	YES (Give age)		NO	YES (Give age)
Rheumatic fever			Vision problem		
Chicken pox			Hearing loss		
German measles			Seizure disorder		
Measles			Heart disease		
Mumps			Diabetes		
Scarlet fever			Orthopedic		
Chronic ear infection			Asthma		
Urinary tract infection			ADD / ADHD		
Glandular fever			Other(s)		

Serious illnesses / operations / injuries / disabilities (Please specify):

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Medications taken regularly (include prescription and over the counter medications):

<i>Medication</i>	<i>Dosage</i>	<i>Reason</i>	<i>Frequency</i>

Allergies (to food, medicine, insect stings or environment):

Health insurance informations:

Company name:		Policy #	
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IMMUNIZATION HISTORY: Please review and transcribe dates of immunizations from immunization records and include a copy of immunization book also.

Vaccine	Date of immunization (dd / mm / yy)				
	1st	2nd	3rd	4th	5th
Polio (OPV / IPV)					
Diphtheria, Tetanus, Pertussis (DTP / DTaP)					
Tetanus, diphtheria (Td) Tetanus, diphtheria, pertussis (Tdap)					
Measles, Mumps, Rubella (MMR)					
Haemophilus influenza type b (Hib)					
Hepatitis A					
Hepatitis B					
Varicella					
Meningococcal A + C					
Japanese Encephalitis					
Typhoid					
Human papillomavirus vaccine HPV					
Other(s)					

Tuberculosis screening: Please provide documentation for one of the following:

BCG vaccine within 05 years	Given date (dd/mm/yy)		
Mantoux / PPD test	Date(dd/mm/yy)		Result
Chest Xray	Date(dd/mm/yy)		Result

PHYSICAL EXAMINATION (To be completed by a medical doctor)

Height		Weight		BMI	
Blood group		Blood Pressure		Heart rate	
Vision acuity		Right eye:		Left eye:	
Hearing acuity		Right ear:		Left ear:	

	Normal	Abnormal	Comments on abnormalities
Neurological			
Cardiolog			
Respiratory			
Musculo-skeletal system			
Gastrointestinal			
Integumentary			
Urological			
Attention Deficit Disorder			
Endocrinology			
E.N.T. (Ear - Nose - Throat)			
Blood disorders			
Other(s)			
Special medical requirement at school (if any)			

Recommendations for Physical Education activities	YES	NO
Competitive activities		
Regular activities		Please specify if NO:
Restricted activities	Please specify if YES:	

Date of examination:		Physician's name in print:	
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Day / Month / Year

Physician 's address & Tel #		Physician's signature & stamp	
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GUIDANCE ON STUDENT HEALTH FORM.

The health form must be completed and returned the SSIS prior to school attendance. All the information must be in English.

Indicated hospitals / clinics in Ho Chi Minh City: Your child can have the physical examination done at one of the following indicated hospitals / clinics:

- 1. Medical Family Practice: 34 Le Duan St., District 1 – Diamond Plaza building. Tel : 84 8 3822 7848**
- 2. Columbia Asia International Clinic : 08 Alexandre De Rhodes St., District 1. Tel : 84 8 3823 8888**
- 3. International SOS Clinic: 167 A Nam Ky Khoi Nghia St., District 03. Tel : 84 8 3829 8520**
- 4. Victoria International Healthcare: 79 Dien Bien Phu St., District 1. Tel : 84 8 3910 4545
135 A Nguyen Van Troi St., Phu Nhuan District. Tel : 84 8 3 997 4545**

Immunization history: SSIS Immunization requirements base on CDC 's Immunization Schedule as below:

Vaccine ▼	1st shot	2nd shot	3rd shot	4th shot	5th shot
Hepatitis B (Hep B)	At birth	1 - 2 Months old	6 - 8 Months old		
Diphtheris, Tetanus Pertussis (DTaP)	02 Months old	04 Months old	06 Months old	15 - 18 Months old	4 - 6 Years
Haemophilus influenza type B (Hib)	02 Months old	04 Months old	06 Months old		
Pneumococcal (PCV)	02 Months old	04 Months old	06 Months old	15 - 18 Months old	
Inactivated Poliovirus IPV	02 Months old	04 Months old	6 - 8 Months old	4 - 6 Years	
Measles, Mumps, Rubella MMR	12 - 15 Months old	4 - 6 Years			
Varicella (Chicken pox)	12 - 15 Months old	4 - 6 Years			
Hepatitis (Hep A)	12 - 23 Months	6 Months after the 1st shot			
Tetanus, diphtheria toxoids & acellular pertussis (Tdap)	Between 11 - 12 years old or between 13 - 18 years old				

Tuberculosis screening:

Tuberculosis screening is required to rule out active TB infection. Please provide documentation of one of the followings:

1. BCG vaccine within 05 years.
2. Mantoux or PPD skin test results.
3. Chest X-ray results.

Exemption from meeting the immunization requirement:

If a child is exempted from meeting the immunization requirement for medical reasons, a doctor 's written statement is required. The statement must include:

1. Which immunization(s) is to be exempted.
2. The specific nature of the medical condition and probable duration of the medical condition.
3. Probable duration of the medical condition.