



SAIGON SOUTH INTERNATIONAL SCHOOL

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Connecting Learning To Life

HEALTH FORM

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

For office use only
Date: _____
Nurse's signature _____

Name:				Grade:	
	<small>Family Name</small>	<small>Given Name</small>	<small>Middle Name(s)</small>		

D.O.B: (mm/dd/yyyy)		Gender:		Nationality:	
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FAMILY INFORMATION:

Student resides with: Both Parents Mother Father Guardian

Contact 1: Contact No.:

Contact 2: Contact No.:

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: /

Family Name Given Name Family Name Given Name

Relationship: Relationship:

Home Phone Number: Home 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: Ibuprofen (Advil, Ibudolol); Acetaminophen (Tylenol); Paracetamol (Panadol); Antihistamine (Zyrtec, Clarityne); Antacid (Maalox, Gaviscon); Throat lozenges: YES NO

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

Student Name:			
	<i>Family Name</i>	<i>Given Name</i>	<i>Middle Name(s)</i>

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		
Other(s)			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 (mm / dd / 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)					

Student Name:			
	<i>Family Name</i>	<i>Given Name</i>	<i>Middle Name(s)</i>

Tuberculosis screening (For students from high incident regions): Please provide documentation for one of the following:

BCG vaccine	Given date (mm/dd/yy)		
Tuberculosis Skin Test (TST)	Date(mm/dd/yy)		Result
Chest Xray if TST positive	Date(mm/dd/yy)		Result

PHYSICAL EXAMINATION (To be completed by a medical doctor)

Height		Weight		B.M.I percentile	
Blood group		Blood Pressure		Heart rate	
Vision acuity		Right eye:		Left eye:	
Hearing acuity		Right ear:		Left ear:	

	Normal	Abnormal	Comments on abnormalities
Neurological			
Cardiology			
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:	
	<i>Month / Day / Year</i>		

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.

Recommended hospitals / clinics in Ho Chi Minh City: Your child can have the physical examination done at one of the following 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. **Raffles Medical Viet Nam: 167A Nam Ky Khoi Nghia Str., District 3, HCMC. Tel: 028 3824 0777**
4. **Victoria International Healthcare: Broadway D, 152 Nguyen Luong Bang, Tan Phu Ward, District 7. Tel: 84 8 3910 4545**
5. **FV Hospital: 06 Nguyen Luong Bang, District 7, HCMC. Tel: 84 8 5411 3333**

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:

For students from high incident regions - Please provide documentation of one of the following:

1. BCG vaccine.
2. Tuberculosis Skin Test (TST) results.
3. Chest Xray results if TST is positive.

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.