Byron College
THE BRITISH INTERNATIONAL SCHOOL

STUDENT MEDICAL HEALTH FORM

CONFIDENTIAL

STUDENT'S FULL NAME:	DATE OF BIRTH: *day*_____ *month* _____ *year* _____
PAEDIATRICIAN'S FULL NAME:	PAEDIATRICIAN'S CONTACT DETAILS:

THIS FORM MUST BE COMPLETED BY A DOCTOR/PAEDIATRICIAN

IMMUNISATION RECORD (Please indicate the year of immunization or last booster)			
DT (Diphtheria/Tetanus) or **DPT** (Whooping Cough/ Diphtheria/Tetanus)	**MMR** (Measles, Mumps, Rubella)	**Hepatitis A** **Hepatitis B**	
BCG (Tuberculosis)	**IPV** (Polio)	**Hib** (Hemophilus Influenza Type B)	**Pneumococcal**
Meningitis	**Mantoux**		

MEDICAL HISTORY (Please check the ones (if any) that apply to this pupil providing details)

Heart Disease	**Kidney Disease**	**Diabetes**	**Epilepsy/Convulsions**
Tuberculosis	**Hearing** **Eyesight**	**Allergies**	**Other medical conditions/issue**

Can this student participate in <u>all school activities, including swimming</u>? **Yes/No**
(Separate paperwork may be required for swimming purposes)

Doctor's Name, Signature and Stamp: _____ **Date:** _____

THIS SECTION MUST BE SIGNED BY THE <u>PARENT/GUARDIAN</u>

1. Diagnosis: Does the student have any medical or neurodevelopmental diagnosis? **Yes/No**

   If yes, please state and provide a copy of the relevant documentation. _____

2. **Medications:** All medications that must be given should be **properly labeled and stored in the Nurse's Office**. Instructions regarding dosage (dose and timing) must be clearly written and signed by parent/guardian or doctor.
   Medication: _____ Condition: _____ Taken at school? **Yes/No**
3. In the event that I cannot be reached I give my permission for the school nurse to proceed with medication for headache, fever, etc., and medical emergency treatment (e.g. Epipen), *if required*. **Yes/No**

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____