

**INTERNATIONAL SCHOOLS GROUP – DHAHRAN DISTRICT
HEALTH INVENTORY**

This form MUST be completed and submitted before registration can be accepted.

Complete the following vaccination history:

NOTE: The following immunizations are mandatory for admission to ISG Dhahran District Schools.

VACCINATION HISTORY and IMMUNIZATION DATES		Booster	Booster	Booster
Complete with MONTH/YEAR	1st	2nd	3rd	** 2-3 yrs.old 4-6 yrs.old 14-16yrs.old
Diphtheria				
Meningococcal	<i>Date:</i>			
Tetanus				
Polio				
Measles				
Mumps				
Rubella (German measles)				
* <i>Tuberculin Skin Test</i> or	<i>Date:</i>	<i>Pos:</i>	<i>Neg:</i>	
<i>BCG Vaccination</i>	<i>Date:</i>			

** Not mandatory

*Test must be given within last 12 months. **Exceptions to TB Skin Test will be made only if student has had BCG Vaccination.**

MEDICAL PROBLEMS

1. List past and/or present health problems that the school should be aware of: (use overleaf if necessary) _____

2. Is this student taking regularly prescribed medication? (circle) YES / NO DESCRIBE _____

3. Does this student wear glasses/contact lenses? (circle) YES / NO

NOTE: All medications taken during school hours must be administered by a member of the staff. If your child is to take doctor prescribed medication during school hours, you must send the child with a written note giving the name of the medication, the reason for administration, dosage, and times to be given. Without this note, any medication brought to school by your child cannot be administered.

4. If your child becomes ill at school, the school may refer your child to the medical centre on Sara Village and will contact you to collect your child from school.

Parent signature: _____

Date: _____

OFFICE USE ONLY:-----

Date rec'd _____ Student # _____ Grade/Yr _____ Start Date _____