



Please attach a recent passport photo of student.

## MEDICAL EXAMINATION FORM

This physical examination form must be completed, signed and stamped by your child's doctor

**Child's full name:** ..... **DOB(dd/mm/yy):** ...../...../.....  
**Gender:** Male  Female  **Date of examination:** ...../...../.....

1. Height (cm)	2. Weight (kg)	3. BMI (grade 6 and up)	4. Notes from doctor if relevant

5. Allergies:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES, please request an Allergy Action Plan from the School Health Center
6. Asthma:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES, please request an Asthma Action Plan from the School Health Center
7. Current medications:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Identify:
8. Diabetes:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
9. Epilepsy:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
10. Fainting / Seizures:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
11. Bleeding disorders:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
12. Migraine headache:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
13. Tuberculosis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
14. Heart Problem	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
15. Persistent Nose bleeds	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
16. ADD/ADHD	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
17. Autism	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:
18. Other	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comments:

19. Does the student now (or in the past) have any special needs (e.g school/referral to educational psychologist, doctor, specialist)?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, the school will ask you to present relevant assessment documentation.	

CLINICAL EVALUATION	NORMAL	ABNORMAL	PLEASE COMMENT/ NOTE CONCERNS
20. Hearing assessment			
21. Ears, Nose and Throat			
22. Mouth / Tongue (note speech problems)			
23. Abdominal examination			
24. Cardiac system			
25. Respiratory system			

<p>26. EYES (please perform comprehensive vision test)</p> <p>Glasses:      No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>Colour blind: No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>Left eye vision:</p> <p>Right eye vision :</p> <p>Notes:</p>	<p>27. Has this child had naturally occurring:</p> <p>Chicken pox:      No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>Measles:      No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>Mumps:      No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>Rubella:      No <input type="checkbox"/>      Yes <input type="checkbox"/></p>
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Please note any relevant medical or surgical history details (*parents to complete if physician is not aware of complete history*):

RECOMMENDATION FOR	YES	NO (specify)
Physical Education Activities	Swimming	
	Soccer	
	Tennis	
	Basketball	
Competitive Activities	Running	
	Other	

## IMMUNIZATION RECORD

The following immunisations are **MANDATORY** and must be updated before a student begins school.

VACCINE	DATE
POLIO	1
	2
	3
	4
	5
DIPHTHERIA TETANUS PERTUSSIS (Please note: Dtap, Tdap, Td, DT, Diphtheria and Tetanus booster required every 10 years)	1
	2
	3
	4
	5
MMR (Two doses including Rubella to be administered by 6 years of age)	1
	2
	Others
Yellow Fever Certificate (if coming from a yellow fever infected area)	

*Vietnam has a high incidence of Tuberculosis and the risks should be discussed with your physician as PPD skin testing for TB is optional.* The following immunisations are **STRONGLY RECOMMENDED** for living in Vietnam. Please discuss the benefits and risks of these vaccines with your doctor.

VACCINE	DATE
HEPATITIS A	1
	2
HEPATITIS B	1
	2
	3
TYPHOID	1
HAEMOPHILUS INFLUENZA TYPE B (HIB)	1
	2
	3
	4
JAPANESE ENCEPHALITIS	1
	2
	3
RABIES	1
	2
	3
VARICELLA	1
	2

In my opinion, this student is deemed fit and healthy to enroll at St.Paul American School Hanoi for full participation in school life.

**Name of examining facility :** \_\_\_\_\_

**Name of examining doctor :** \_\_\_\_\_

**Phone :** \_\_\_\_\_

**Email address :** \_\_\_\_\_

**Signature:** \_\_\_\_\_



## Approved Medical Facilities in Hanoi for your Child's check up

NAME	ADDRESS	PHONE	EMAIL
Hospital Francais De Hanoi	No1, Phuongmai Street, Dongda District, Hanoi	(84-024) 3577.1100	<a href="mailto:info@hfh.com.vn">info@hfh.com.vn</a>
Hong Ngoc Hospital	55 Yen Ninh, Ba Dinh, Ha Noi	(84-024) 3927.5568 - ext: 0	<a href="mailto:info@hongngochospital.vn">info@hongngochospital.vn</a>
Hong Ngoc Clinic	B1 Zone, Keangnam Lanmark, 72 Pham Hung St, Hanoi.	(84-024)3927.5568 - Ext: 8	<a href="mailto:info@hongngochospital.vn">info@hongngochospital.vn</a>
Intenational SOS Hanoi	51 Xuan Dieu St, Tay Ho, Hanoi	(84-024)3934.0666	<a href="mailto:han.healthcheck@internationalsos.com">han.healthcheck@internationalsos.com</a>
Family Medical Practice	298i Van Phuc, Kim Ma St, Ba Dinh, Hanoi	(84-024)3843.0748	<a href="mailto:Hanoi@Vietnammedicalpractice.com">Hanoi@Vietnammedicalpractice.com</a>
Vinmec International Hospital	458 Minh Khai St, Time City, Hai Ba Trung, Hanoi.	(84-024) 3974.3556	<a href="mailto:info@vinmec.com">info@vinmec.com</a>