



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.
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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.Paull 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	info@hfh.com.vn
Hong Ngoc Hospital	55 Yen Ninh, Ba Dinh , Ha Noi	(84-024) 3927.5568 - ext: 0	info@hongngochospital.vn
Hong Ngoc Clinic	B1 Zone, Keangnam Lanmark, 72 Pham Hung St, Hanoi.	(84-024)3927.5568 - Ext: 8	info@hongngochospital.vn
Intenational SOS Hanoi	51 Xuan Dieu St, Tay Ho, Hanoi	(84-024)3934.0666	han.healthcheck@internationalsos.com
Family Medical Practice	298i Van Phuc, Kim Ma St, Ba Dinh, Hanoi	(84-024)3843.0748	Hanoi@Vietnammedicalpractice.com
Vinmec International Hospital	458 Minh Khai St, Time City, Hai Ba Trung, Hanoi.	(84-024) 3974.3556	info@vinmec.com

Medical Authorization Form

General medical consent for:

Student full name: _____

Date of birth (dd/mm/yy): _____ Grade in : _____ Gender: Male Female

1) Please give emergency contact details for two responsible adults in Hanoi (colleague/family friend/child-minder) trusted to care for your child, in the event that parents cannot be reached by the school:

1st Emergency Contact
Full name: _____
Home phone: _____
Mobile phone: _____
Work phone: _____
Relationship: _____

2nd Emergency Contact
Full name: _____
Home phone: _____
Mobile phone: _____
Work phone: _____
Relationship: _____

2) Permission to administer non-prescription medications in the School Health Center:

Please cross out any medication NOT to be given to your child by the school nurse or designated employee while on campus or during school sponsored activities off campus. Medicines NOT crossed out shall be administered as appropriate.

- | | |
|--|--|
| Paracetamol/Acetaminophen (Tylenol/Panadol - for fever or pain)
Antihistamine - relief of allergy symptoms
Antacid - for upset stomach
Strepil lozenges - for sore throat
Normal saline - eye wash | Ibuprofen - for fever or pain
Salonpas patch - muscular pain
Phenergan cream - for mild allergy/insect bites
Voltaren cream - for sprains
Smecta/Enterogemina – for Diarrhea |
|--|--|

3) Understanding and agreement:

- I understand that in the event of a life threatening emergency, Hong Ngoc Hospital will provide care (in cases when there is no medical emergency parents shall be contacted and medical facility options determined).
- I understand that fees resulting from the above will be the responsibility of the parent.
- I give permission for St.Paul American School Hanoi to seek treatment for my child in the event of an emergency on campus or during any school sponsored activities off campus.
- I authorize the school nurse or other designated employee of St.Paul Hanoi to give medical treatment and / or first aid to my child when deemed medically necessary and within their level of training / scope of practice.

Father / Guardian signature

Date

Mother / Guardian signature

Date