Bangkok Christian International School

Medical Examination Report

Please attach photo here.

*This form is **REQUIRED** for all applications of Bangkok Christian International School and must be signed by a parent **BEFORE** a student attends classes or participates in any activities.

*This form may be completed for the current school year (completed no earlier than 6 months prior to the start of school)

*If the student has **Diabetes, Asthma, Anaphylaxis or Prescribed Medication**, management plans for these conditions must also be completed.

*Any queries regarding this Medical Examination Report, please email **siripa.n@bcis.ac.th** or call **+66(0)2322-1979 ext.1107**

TO BE FILLED OUT BY A PHYSICIAN

Student Family Name:_____ Given Names: _____

Date of Birth:_____/_____/_____(mm/dd/yyyy) Gender: ☐ M ☐ F Grade level at BCIS:_____

HEALTH HISTORY:

Has the student experienced any of the following in the past ?
Please circle Y to indicate Yes or N to indicate No.

Growth and Development problem	Y N	Congenital anomalies	Y N
Visual problem	Y N	Auditory problem	Y N
Diabetes	Y N	Cancer	Y N
Hemotological disease	Y N	G6PD	Y N
Dental braces, caps or bridges	Y N	Cardiovascular disease	Y N
Pulmonary disease	Y N	Thalassemia	Y N
GI disease	Y N	Hepatitis A/ B/ C	Y N
Skin Disease	Y N	Infectious disease	Y N
Kidney/ Urinary tract Problems	Y N	Period Pain/ Menstual Problem	Y N
Musculoskelatal Problem	Y N	Psychological problem	Y N
Learning disorder	Y N	Speech problem	Y N
Surgery	Y N	Others	Y N

ALLERGIES: _____

_____

REACTION:_____

PHYSICAL EXAMINATION Date:_____/_____/_____

Height: _____cm BMI: _____ Pulse _____ bpm

Weight: _____kg Blood Pressure _____/_____ mmHg

General Appearance:	Normal	Abnormal (Remarks)
HEENT		
Lymph Nodes		
Lungs		
Cardiovascular		
Abdomen		
Musculoskelatal (Head, Neck, Back: Scoliosis)		
Extremities		
Skin		

Describe any other important illnesses/injuries and health-related information about your child (for example Oxygen support, Prescribed Medications)_____

_____

_____

_____

SCREENING TESTS FOR ALL STUDENTS

Tuberculosis (TB)	*Only 1 test must be done.
Mantoux or PPD Skin Test	☐ Positive ☐ Negative Induration of _____mm.
QuantiFERON Test	☐ Positive ☐ Negative
Chest X-ray	☐ Positive ☐ Negative

If the screening test is positive or suggestive of Tuberculosis (TB), the student must see Infectious Diseases Physician and provide a medical certificate stating they do not have active TB and are not contagious to others. Please also indicate if they have commenced treatment for TB.

_____

_____

_____

_____

_____

_____(Date ____/____/_____)

Blood Type	**Gr.**	**Rh**	Date Done ____/____/_____

Complete Blood Count	Date Done _____/_____/_____
WBC	_____ (4.5-10 kcells/mm^3)
RBC	_____ (4.0-5.9 mcells/mm^3)
Hemoglobin	_____ g/dL (Aged 2-6: >10, 6-12 : >11, Teens 12-18: M >12 or F >11)
Hct	_____ % (Aged 2-6 : >32%, 6-12 : >34%, Teens 12-18: M >38% or F >35%)
MCV	_____ (84-96 fL)
MCH	_____pg (28-34) MCHC _____ (32-36 g/dL)
Platelet	_____ (150-450 kcells/mm^3)
RDW	_____ (11.5-14.5 %)
MPV	_____ (7.4-10.4 fL)

****The student can participate in routine school activites and physical education class without health problem restriction.**

☐ **Yes** ☐ **No; please explain** _____

Immunization Record

*Please attach the original copy of the Immunization Record, or fill in the dates (mm/dd/yyyy) for when immunizations were given
Recommended by Pediatric Infectious Disease Society of Thailand, CDC and WHO.

1	BCG	(Birth)	* Exceptions HIV				
2	HBV Hepatitis B	(Birth)	(1-2 months.)	(6-18 months.)	* 2 doses are already effective.		
3	DTP/DTaP Diptheria, Tetanus, Pertussis	(2 months.)	(4 months.)	(6 months.)	(18 months.)	(4-6 years.)	Td (10 years.)
4	Polio OPV or IPV	(2 months.)	(4 months.)	(6 months.)	(18 months.)	(4-6 years.)	
5	MMR Measles,Mumps,Rubella	(9-12 months.)	(2 1/2-6 years.)				
6	JE Japanese B encephalitis MBV JE1-3 Live JE1-2	(9-18 months.) (9-18 months.)	(2-2 1/2 years.)	(2-2 1/2 years.)	*MBV JE1 and 2 should be 4 weeks. apart.		
	Recommended Vaccinations						
7	Varicella Chicken Pox	(12-18 months.)	(4-6 years.)				
8	HAV Hepatitis A	(12 months.- 6 years.)		* Dose 1 and 2 should be 6-12 months. apart.			
9	HIB Haemophilus Influenza B	(2 months.)	(4 months.)	(6 months.)	(18 months.)		
10	Influenza	(6-24 months.)		* In first year, request 2 doses should be 4 weeks. apart.			
11	Rotavirus	(2 months.)	(4 months.)	(6 months.)	* Rota3, only Pentavalent.		
12	IPD or PCV Invasive Pneumococcal Disease	(2 months.)	(4 months.)	(6 months.)	(12-18 months.)		
13	HPV (Females) Human Papillomavirus	(9-13 years.)		* Dose 1 and 2 should be 6-12 months. apart.			
14	MCV4 Meningcocal	(11-18 years.)					

Signature of Physician | Date signed | Physician's Name (Stamp) | Hospital Name & Stamp

Medication Permission From Parent

Please check the following list of common medications which School Nurse may administer to your child as needed at school

Ambroxol, Bisolvon, Fenesin, Flemex - cough syrup	☐ Yes ☐ No	Activated Carbon, ORS - diarrhea	☐ Yes ☐ No
Buscopan, Berclomine syrup - for abdominal pain	☐ Yes ☐ No	Air-X - Antiflatulent (Antigas)	☐ Yes ☐ No
Cetrizine (Zyrtec), Nasotapp - for nasal and sinus congestion	☐ Yes ☐ No	Antacid gel - for upset stomach	☐ Yes ☐ No
Fisherman's friend, Herbs lozenge, Throatsil - for sore throat	☐ Yes ☐ No	Cetrizine, CPM - for allergy	☐ Yes ☐ No
Ibuprofen (Advil) - for pain relief and anti-inflammatory	☐ Yes ☐ No	Dramamine - for dizziness	☐ Yes ☐ No
Paracetamol (Tylenol) - for fever, headache and pain relief	☐ Yes ☐ No	Motilium - for nausea/ vomiting	☐ Yes ☐ No

Emergency Care Permission From Parent

*Permission is hereby given for emergency measures to be taken in case of accident or sudden illness with understanding that I will be notified as soon as possible.

*I certify that all information given on this form is complete and correct.

*I acknowledge that it is my responsibility to inform the School Nurse of Bangkok Christian International School of any changes in my child's health, physical condition, or medical needs. (Only one parent is required to sign; both may sign if you prefer.)

Signed: _____ (Parent)

Name: _____

Mobile number: _____

Date (mm/dd/yyyy): _____

Signed: _____ (Parent)

Name: _____

Mobile number: _____

Date (mm/dd/yyyy): _____