



Norma Hudson
Superintendent

International Schools Group

PO Box 31677, Al Khobar, 31952
Kingdom of Saudi Arabia
Tel : +966 3 330 0555 Fax : +966 3 330 2450
Nurse's Office : ext. 2201 or ext. 2202
Email : nurses_office@isgdh.org

HEALTH INVENTORY FORM

The **HEALTH INVENTORY** should be returned to us on your child's first day at school. It is very important for the School nurse to know the medical condition of your child, especially if he/she becomes ill in school. It is also essential for the staff and the nurse to know of children who have allergic conditions.

Student Name : _____ Date of Birth : _____
(Family Name) (First name) (Middle) Month / Day / Year

Sex : (circle) **M** or **F** Grade / Year : _____

Father's name : _____ Work Telephone : _____ Mobile Phone : _____

Mother's name : _____ Work Telephone : _____ Mobile Phone : _____

Family email address : _____

In the event parents cannot be reached, please provide the following :

Emergency name and telephone number :

_____ (someone other than parents when parents cannot be reached)

Please circle **YES** or **NO** to the questions below :

Does your child have any medical conditions that require special attention (ie. Asthma, seizures, cardiac problems, diabetes, etc.) ? **YES NO** If yes, please explain : _____

Is your child allergic to any medication, food or other substances ? **YES NO**
If yes, please list allergies : _____

Is your child taking any daily medications ? **YES NO**
If yes, please list medications and explain reasons : _____

Does your child wear glasses, contact lenses, hearing aide or other assistive devices ? **YES NO**
If yes, please specify : _____

Has your child been hospitalized, undergone an operation or acquired any major illness within the last two years ?
YES NO If yes, please explain : _____

If your child becomes ill at school, does the school nurse have permission to give Paracetamol based medication at her discretion ? **YES NO**

***Students should inform the school nurse about injuries and medical conditions. Students with medical complications such as asthma, diabetes and allergies should have necessary medications (ie. Inhalers, topical creams, etc.) stored in the Nurse's Clinic at all times.*

I am the Parent/Guardian of the above named child. I give permission for the information provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services for the limited purpose of meeting my child's health and educational needs.

Signature of Parent/Guardian

Date

OFFICE USE ONLY :

Date Received _____ Student # _____ Grade/Year _____ Start Date _____



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MEDICAL FORM

Student Name : _____ Date of Birth : _____

Please complete the following vaccination history :

Immunizations are mandatory to school admittance.

Immunizations	Immunization Dates (dd/mm/yyyy)			Booster (dd/mm/yyyy)	
	1st	2nd	3rd	4-6 years	14-16 years
DPT (Diphtheria, Pertussis, tetanus)					
Td (Tetanus diphtheria)					
Polio (OPV/IPV)					
MMR (Measles, Mumps, Rubella)					
Tuberculin Skin Test (M) **	Date :	Pos :	Neg :		
BCG Vaccination					
Meningitis (every 5 years)					

- Meningococcal ACWY is the recommended vaccine for Saudi Arabia
- ** TB Test must be given within last 12 months. Exceptions to TB Skin test will be made **ONLY** if student has had BCG Vaccination

Does the student have a history of any of the following :

	YES	NO		YES	NO
Measles			Convulsions (including FEBRILE)		
Mumps			Hearing Problems		
Rubella			Vision Problems		
Chicken Pox			Surgery		
Allergies			OTHER SERIOUS ILLNESS :		
Asthma					
Skin Problems					

NOTE : IT IS MANDATORY THAT THIS FORM BE REVIEWED AND SIGNED BY A **MEDICAL DOCTOR** :

Based on information provided above and a physical examination, I find the above named student, free of contagious disease, vaccinated in accordance with the ISG Board Policy 2065 and fit for all usual school activities.

Signed : _____ MD.

Date : _____

(Include physician or clinic stamp)



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VACCINATIONS AND INOCULATIONS REQUIRED FOR ADMISSION TO ISG FOR PARENT INFORMATION ONLY

School environments need to be free from dangerous infectious diseases. At the time of application for admission to a school, the parent must provide a written history of the child's vaccinations and inoculations. Any time those inoculations and/or vaccinations for infectious diseases are required to protect the health of students and staff, the administration will institute appropriate action to ensure compliance.

At the time of **initial enrolment**, parents are required to submit acceptable written documentation of their child's immunization records. The school nurse will review documentation records and advise parents of remaining compulsory vaccinations and inoculations. The age of the child and the previous vaccinations and inoculations will be taken into account. If records have not been provided within the said 45 calendar day period, the parents will be notified of non-compliance with policy (#2065) and exclusion of their child from school will follow until required documentation of immunizations and inoculations are provided to the Site Administrator.

Board policy #2065 applies to all students seeking admission at any of the district schools. Additionally, children attending ISG operated nurseries will be required to comply with this policy.

VACCINATIONS AND INNOCULATIONS

DISEASES	MINIMUM DOSES
Diphtheria Pertussis Tetanus Polio	Four (4) inoculations including a preschool inoculation between ages 4-6years. A fifth (5) inoculation may be recommended, if needed.
Measles Mumps Rubella (German Measles)	Two inoculations
Tuberculosis (BCG or recent Skin test)	BCG vaccine or TB skin test within the last year.
Meningococcal - meningitis	One (1) within the last five (5) years prior to enrolling and every subsequent five (5) years.

Documentation :

Any of the following documentation will be acceptable to the school :

1. Prior immunization records
2. Prior school medical records which include immunization records
3. Completd ISG Medical Form signed by a qualified medical examiner

I hereby certify that I have read, understand and agree to the policy.

Parent's Printed Name

Parent's Signature

Date