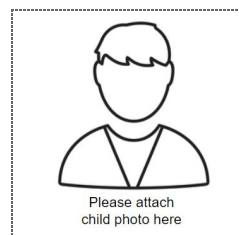


# Yangon International School

## Medical Form

Early Childhood to Grade 12



- This **REQUIRED** form has consolidated the school physicals for all student applicants. It is to be completed in full (both sides), and signed by a parent and physician **BEFORE** a student attends classes or participates in any activities.
- This form may be completed in your home country but must be for the current school year. (Completed no earlier than six months prior to the start of school)
- YIS reserves the right to withhold a student from classes until this form is completed in full and returned to the YIS Office.
- **Parents, please make a copy of the completed form as copies may be required for activity participation.**

**Student's Full Legal Name** \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Last (Family) \_\_\_\_\_ First (Given) \_\_\_\_\_ Middle \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Day / Month / Year

### Parent / Guardian Details

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent 1 Mobile: \_\_\_\_\_

Parent 2 Mobile: \_\_\_\_\_

Parent 1 Work: \_\_\_\_\_

Parent 2 Work: \_\_\_\_\_

### Family Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### Emergency Contact

Name: \_\_\_\_\_

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

Relationship \_\_\_\_\_

### TO BE FILLED OUT BY PHYSICIAN:

Height \_\_\_\_\_ Weight \_\_\_\_\_

B/P \_\_\_\_\_ Heart Rate \_\_\_\_\_

### HEALTH HISTORY: "X" mark Yes or No

	Yes	No
Chronic/recurrent illness		
Hospitalizations		
Surgery		
Injury treated by physician		
Organs missing		
Heat exhaustion/stroke		
Dizziness/fainting/headaches		
Convulsions/fits		
Concussion		
Wears glasses/contacts		
Dental caps/bridges/braces/plates		
Asthma		
Problems with heart/murmurs		
Problems with spleen/liver		
Problems with bladder/kidneys		
Hernias/GI problems		
Recurrent skin problems		
Bone/joint injury		
Sprain/dislocation		
TB/PPD		

ALLERGIES \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

Current Medication	Dosage	Remarks

	Normal	Abnormal	Remarks
Head			
Eyes			
ENT			
Dental			
Chest			
Heart			
Abdomen			
Genitalia			
Skin			
Extremities			
Spine			

SUMMARY: Explanation of "Yes" answers or abnormal findings (attach pages if needed)

Sports participation approved : ☐ Yes

☐ No

Competitive Sports participation approved: ☐ Yes

☐ No

**IMMUNIZATION HISTORY:**

(You may attach copy of immunization record that shows physician or public health official signature)

*Please note: Immunization record must be submitted within two months after initial enrollment date*

Fill in the Dates Immunizations

Given Remarks

<b>Required</b> Diphtheria						
Tetanus						
Pertussis						
MMR						
Hepatitis B						
Polio						
<b>Suggested</b> Varicella						
Hepatitis A						
Typhoid						
Jap. Encephalitis						
Rabies						
Other						

Exemption from required immunization:

1) Verification of medical contraindication signed by a physician

2) Reasons of conscience must provide notarized affidavit

All prescription medications need a written note from the parent/guardian. All medications along with the note must be submitted to the school doctor. Medications need to be in the original pharmacy physician containers and marked with the student's name, name of drug, dosage, schedule and instructions. Students are not allowed to be carrying any prescription/controlled medication (such as Ritalin, pain pills, antibiotics, etc.) in their personal belongings while at school.

Emergency Treatment Authorization: In the event of an emergency when immediate observation or treatment is deemed necessary in the judgement of the school nurse/authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible. I shall not hold YIS or the school authorities liable for any expenses, claims, loss or damage that may arise as a result of such action and shall indemnify the school for all expenses, losses and claims incurred by it in relation to such action.

Permission to administer Panadol/Paracetamol/Tylenol (Acetaminophen)

☐ Yes

☐ No

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date (Day / Month / Year)

**IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL IN WRITING OF ANY CHANGES TO THE INFORMATION GIVEN IN THIS FORM**

**e.g. changes of address, telephone number, physical condition, or medications.**