

# Australian International School

## Medical Examination Form



This form is **REQUIRED** for all applications to the Australian International School (AIS) and must be signed by a parent/guardian **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). AIS reserves the right to withhold a student from classes until this form is completed in full and returned to the Admissions Office. **Please attach a recent passport-size photograph of the student to this form.**

The following section must be completed by a physician of the student.

Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Year Level: \_\_\_\_\_  
(dd/mm/yyyy)

### Health History

Allergies: \_\_\_\_\_

Height: \_\_\_\_\_

BP: \_\_\_\_\_

Weight: \_\_\_\_\_

Heart Rate: \_\_\_\_\_

Current Medications	Dosage	Purpose

Area of body	Normal	Abnormal	Remarks
Head			
ENT			
Chest			
Abdomen			
Other (please specify)			

Has the student previously experienced any of the following? (please mark 'X' to indicate Yes or No)

Previous or current conditions	Yes	No
Chronic or recurring illness		
Hospitalisation / Surgery		
Injury treated by physician		
Congenital condition		
Cardiac abnormalities/heart murmurs		
Problems with bladder or kidneys		
Skeletal conditions (fractures, dislocations, sprains, scoliosis)		
Heat exhaustion/Stroke		
Dizziness / Fainting / Headaches		
Concussion		
Eye conditions / Wears glasses or contact lenses		
Dental caps/bridges/braces/plates		
Skin conditions, e.g. Eczema		
Other (ADHD, Autism etc.)		

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

Summary: If you answered Yes to any of the above, please provide details here:

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Sports Participation Approved?  Yes  No

Limitations (if any) \_\_\_\_\_

Competitive sports participation approved?  Yes  No

Immunisation current for age as certified by a physician

Name of Physician \_\_\_\_\_

Name of Practice \_\_\_\_\_

Registration No. \_\_\_\_\_

\_\_\_\_\_  
Physician Signature / Stamp / Date

### Immunisation History

This section of the form may be filled out by a physician or parent/guardian

(Copies of immunisation records may be submitted.)

Immunisation	Dates immunisation received					Remarks
Diphtheria						
Tetanus						
Polio						
Pertussis						
Measles						
Mumps						
Rubella						
Hepatitis A						
Hepatitis B						
Pneumococcal						
Haemophilus Influenza (Hib)						
Meningococcal						
Chicken Pox						
BCG						
Typhoid						
Other						



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

**This section of the form must be filled out by parents/guardians of the student.**

**Name of Parent/Guardian:**

Mother / Guardian 1: \_\_\_\_\_

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

Email: \_\_\_\_\_

Father / Guardian 2: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Family Physician in Singapore:**

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

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

**Emergency Contact:**

(non-parent/guardian)

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

Relationship to student: \_\_\_\_\_

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

If the student requires medication to be given during school hours please complete a 'Request to Administer Medication Form'. All medications along with the form must be submitted to the School Nurse. Medications need to be in the original pharmacy/physician containers and marked with the student's name, name of the drug, dosage, schedule and instructions. All information must be in English. Students are not permitted to carry any medication in their personal belongings while at school.

If the student has significant allergies requiring emergency medications or, if the student has a medical diagnosis requiring the nurse's attention, please contact the School to set up an appointment to meet with the School Nurse prior to the student's commencement at AIS.

Permission to administer Paracetamol (please circle)  Yes  No

Emergency Treatment Authorisation: In the event of an emergency when immediate observation or treatment is deemed necessary in the judgement of the School Nurse/authorities, I authorise and direct the School authorities to send my child to the medical facility most readily available.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**It is the responsibility of the parent/guardian to notify the School in writing of any changes to the information given in this form. For example, changes of address, telephone numbers, physical condition or medications.**

Contact the School Nurse: +65 6319 3795 / nurse@ais.com.sg

