KG kids PRE SCHOOL

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Health Form

Attach photograph here

Student name (as shown on passport)

Date of birth DD/MM/YYYY	/ / 20

Student CPR number	
Father's name	
Father's mobile number	
Mother's name	
Mother's mobile number	

Home address	House number		Building number	
	Road number		Block number	
	Area			
Home telephone number				

- In the event of a medical emergency, the School Nurse/First Aider will attend to the patient. If necessary, the patient will be taken to the nearest medical centre or hospital (BDF).

- The School Nurse/First Aider will accompany the patient.
- If deemed necessary by the Nurse/First Aider, a second adult will accompany the patient.
- If the patient is a child, then the parents will be contacted. If they are unavailable, then the school will call their nominated emergency contact.
- At the medical facility, school personnel will act in loco parentis until such time as the child's parent/guardian or nominated emergency contact person is in direct contact with the appropriate medical staff.

Please note:

1. Please remember to inform the school office if your child will absent from school because they are unwell or have a routine doctor's or dental appointment.
2. Please inform the school office as soon as possible if your child has been given any medication before coming to school.
3. If your child is taking a prescribed tablets or medicine and has to take it during school hours, please bring it to the school office first thing in the morning. It can be collected from there at the end of the school day. Please write clearly your child's name, class, time and dosage of medication. No medication is to be kept in school bags/cubby holes.
4. Please notify the school office immediately should your child contract any communicable diseases (e.g. chicken pox or head lice) or should there be any change in their overall health. This helps us to ensure that the health of your child and the school as a community is optimised.
5. It is extremely important to keep the school updated if there is any change in your contact details. Also, please inform the school office if both parents are leaving the country whilst your child is in school, ensuring that the school has the current contact details of a nominated emergency contact.k

Emergency contact in the absence of the above	
Name	
Relationship to student	
Mobile number	
Alternative contact number	
Health provider	
Regular provider of medical care	
Contact number	

Recommended immunization schedule for the expanded program of immunization, Bahrain
Please complete dates for the immunisations listed below and provide a copy of your child's vaccination record.

AGE	VACCINE	DOSE	DATE

These documents are available in Arabic. Please ask the School Office for a copy.
هذه الملفات متوفرة باللغة العربية. يرجى التقدم لطلب نسخة من إدارة المدرسة.

At birth	BGC for new-borns born to parents originally from endemic countries	Single Dose	
	Hepatitis B for new-borns of HBsAg positive mothers or of unknown HBsAg status	Birth Dose	
2 months	DaPT, Hepatitis B, Inactivated Polio + Haemophilus Influenza Type B (Hexavalent)	1st Dose	
	Conjugated Pneumococcal	1st Dose	
	Rota Vaccine (oral)	1st Dose	
4 months	DPT, Hepatitis B + Hib (Pentavalent)	2nd Dose	
	OPV	2nd Dose	
	Conjugated Pneumococcal	2nd Dose	
	Rota Vaccine (oral)	2nd Dose	
6 months	DPT, Hepatitis B + Hib (Pentavalent)	3rd Dose	
	OPV	3rd Dose	
	Conjugated Pneumococcal	3rd Dose	
12 months	MMR	1st Dose	
	Conjugated Pneumococcal	Booster	
	Varcilla	1st Dose	
18 months	OPV	1st Booster	
	DPT, Hepatitis B + Hib (Pentavalent)	Booster	
	Hepatitis A	1st Dose	
2 years	Meningococcal (ACYW)	Single Dose	
	Hepatitis A	2nd Dose	
3 years	Varcilla	2nd Dose	
5-6 years	DTaP	2nd Booster	
	OPV	2nd Booster	
	MMR	2nd Dose	
12 years	Hepatitis A (HA) as catch up for HA unvaccinated	1st Dose	
13 years	Tdap	Booster	
	Hepatitis A (HA) as catch up for HA unvaccinated	2nd Dose	

To be completed by Physician

Health Centre / Private Clinic				
Address				
Students age at examination	Years		Months	
Health record number				
Family file number				

After reviewing the vaccination card and the health record of the above-mentioned student, whose photo is attached, and examining him/her by the physician concerned, the following is/are advised:

Is the student is fit to join the general school?	Yes	○	No	○
Does the student needs an assessment of his/her learning capabilities	Yes	○	No	○
If yes, please specify reasons:				

The student needs completion of immunization, due on:	/ / 20			
Does the student need special care at school?	Yes	○	No	○
If yes, provide details of the care required:				

Medical history

Accidents	Yes	○	No	○	Allergy	Yes	○	No	○
Chicken pox	Yes	○	No	○	Congenital anomaly	Yes	○	No	○
Convulsions	Yes	○	No	○	Diabetes	Yes	○	No	○
Ear infections	Yes	○	No	○	Encephalitis	Yes	○	No	○
German measles	Yes	○	No	○	Heart disease	Yes	○	No	○
Hernia	Yes	○	No	○	Kidney disease	Yes	○	No	○
Measles	Yes	○	No	○	Meningitis	Yes	○	No	○
Mumps	Yes	○	No	○	Operations	Yes	○	No	○
Poliomyelitis	Yes	○	No	○	Rheumatic fever	Yes	○	No	○
Scarlet fever	Yes	○	No	○	Strep throat infection	Yes	○	No	○
Tonsillitis	Yes	○	No	○	Tuberculosis	Yes	○	No	○
Whooping cough	Yes	○	No	○	G6PD deficiency	Yes	○	No	○
Sickle Cell anaemia	Yes	○	No	○	Other blood disease	Yes	○	No	○
Other (please state)									

If ‘yes’ to any of the above, please provide information which the school needs to be aware of:
Any other pertinent family medical history which the school needs to be aware of:

Children must have an eye sight test and hearing test before joining the school.

Date of eye sight test	
Please provide information which the school needs to be aware of:	

Date of hearing test	
Please provide information which the school needs to be aware of:	

Physician's name	
Physician's signature	

Physician's stamp	Date

I confirm that all the information given by me on this form is correct and accurate.

Signed ______________________ Date ______________