



Jerudong International School Health History Form

Please provide details of your child's health history. All information is CONFIDENTIAL. Print clearly.

Student's name (underline surname):

To be known as:

Male

Female

Date of birth:

Age:

Day pupil

Weekly boarder

Full boarder

Year level:

Class or tutor group:

Name of contact parent/guardian:

Telephone:

Name of family doctor/general practitioner:

Telephone:

Emergency contact person:

Telephone:

Does your child wear glasses?

Yes

No

If yes, please provide details.

Does your child wear a hearing aid?

Yes

No

If yes, please provide details.

Is your child presently taking medication?

Yes

No

If yes, state the name of the medication, dosage and the reason for taking it.

NOTE: All medication to be used at school must be clearly labelled with the student's name and directions for use before being handed to the school nurse (for day pupils) or the Boarding House nurse.

Please tick if your child suffers from any of the following.

Asthma and respiratory problems

Allergies

Heart problems

Phobia

Migraines or headaches

Ear, nose and throat problems (ENT)

Convulsions or epilepsy

Previous surgery/operations

Travel sickness

Other

Diabetes

Provide full details of any of the above.

Immunisations

Has your child been immunised against the following?			
Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
MMR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
HIB	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
Hepatitis A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
TB	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
DPT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last immunisation:
Other (name)			Date of immunisation:

Boarding House Students

The nurse at the Boarding House will, if required, take your child to see a registered general practitioner or dentist at Jerudong Park Medical Centre. If you prefer to have your child taken to another doctor or dentist in Bandar Seri Begawan, provide their contact details below.

Name:

Address:

Telephone:

Medical Referrals

If students are referred for medical attention, parents are contacted in the first instance. In an emergency, if parents cannot be contacted, students will be taken to RIPAS Hospital. The school will not be liable for any medical costs incurred.

Medications

The school uses the medications listed below.

Anti-inflammatories (such as Brufen and Ponstan)	Throat lozenges
Antihistamines, lotions or Clarityne	Cough syrup
Nasal decongestants (such as Sudafed)	Antacids
Over the counter analgesics (such as Panadol and aspirin)	Antiseptic Creams, lotions and linaments

If you do not wish your child to be given any of these medications, please make a statement to that effect below.

Parent/Guardian Declaration

In the event of my son or daughter suffering from any accident, injury or illness whilst in the care of the school and its staff. I authorise the Principal, after reasonable attempts have been made to contact me, to authorise such medical assistance, treatment and hospital services as may be considered appropriate.

Mother's signature: Father's signature: Guardian's signature: