**Medical Form for Enrolment**

**Child Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | **Family Name** | |  | | |
| **Date of Birth** |  | **Gender** |  | | **Blood Group** |  |

**Parent’s / Guardian’s Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Relationship to student** |  | **Tel.** |  |
| **Name** |  | **Relationship to student** |  | **Tel.** |  |
| **Residential address** |  | | **Fixed telephone** | |  |
| **Email / other contact** | |  |
| **Business address** |  | | **Fixed telephone** | |  |
| **Email / other contact** | |  |

**Personal Pediatrician Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor** |  | **Telephone No** |  |
| **Address** |  | | |
| **Other Medical Institutions** |  | **Telephone No** |  |
|  | **Telephone No** |  |

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Telephone No** |  | **Mobile (Cell) No** |  |

**Childs Height and Weight**

|  |  |  |
| --- | --- | --- |
| **Date** | **Height** | **Weight** |
|  |  |  |

**Allergies**

|  |  |
| --- | --- |
| **Allergy** | **Treatment** |
| 1. |  |
| 2. |  |
| 3. |  |

**Special Dietary Requirements**

|  |
| --- |
|  |
|  |
|  |

**Congenital Health Conditions**

|  |  |
| --- | --- |
| **Conditions** | **Treatment** |
|  |  |
|  |  |

**Prior Illness with Infectious Diseases (Please indicate, including date)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Measles** |  | **Hepatitis A** |  |
| **Mumps** |  | **Chickenpox** |  |
| **Rubella** |  | **Scarlet fever** |  |
| **Diphtheria** |  | **Tuberculosis** |  |
| **Whooping cough** |  | **Other** |  |

**Details of any other Special Illness / Injury, Surgery prior to joining BIS**

|  |  |  |
| --- | --- | --- |
| **Date** | **Details** | **Treatment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Immunizations (Please Indicate Dates if Possible)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BCG \*** |  | | | | | | | | |
| **Viral hepatitis B \*** | **1** | | **2** | | | **3** | | | |
| **Polio \*** | **1** | | **2** | | | **3** | | | **4** |
| **MMR (Measles Mumps Rubella) \*** | **MMR** | | | | **MR** | | | | |
| **DPT (Diphtheria Tetanus Whooping cough)** | **1** | **2** | | | **3** | | | **Booster** | |
| **DT (Diphtheria Tetanus) \*** | **Booster 6 years** | | | **11 years** | | | **16 years** | | |
| **Hib (Haemophilus influenza)** | **1** | | | **2** | | | **3** | | |
| **Chicken pox – Varicella** | **1** | | | | **2** | | | | |
| **Other Vaccines:** |  | | | | | | | | |
|  |  | | | |  | | | | |
|  |  | | | |  | | | | |

**Vaccination cards are required for all enrolling students. If vaccination cards are not submitted for any vaccination marked with \*, please indicate the reason below:**

1. My child has life-threatening allergic reaction to the vaccines or a very weak immune system, so cannot be vaccinated. **YES/NO**
2. I refuse these vaccinations due to my own belief systems. **YES/NO**
3. Other reason or explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that students without vaccination cards and those without the essential vaccination will be excluded from school during related disease incidents in Bishkek and/or the school.**

**I certify that the information given is to the best of my knowledge correct.**

**In the event of a medical emergency, I give permission for my children) to receive medical treatment as is deemed necessary by the medical authorities present.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian