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Student Medical Report

As part of our effort to ensure a safe and healthy learning community, a Student Medical Report (SMR) is required for all new students and returning students entering grades 1, 6 and 9. The information you provide will alert staff to any special requirements or restrictions needed for school activities.

Student Medical History
is completed online by parents in the school's PowerSchool system. If there are special concerns related to any illness, please note this. If your student needs to have medications at school, please complete a *Medication Administration Permission form* found on the school's website.

Immunization Record
(page 02) provides a list of immunizations required by our school as recommended by the World Health Organization.

Student Physical Exam
(pages 03–04) must be completed by a medical practitioner. The school accepts medical exams which were completed within one year prior to admission. No laboratory tests are required unless the medical practitioner deems it necessary.

Please note

- If student health forms are not returned in the required time frame, students may be asked to stay home until they are completed.
- If you have any questions about school health requirements or would like information regarding hospitals and clinics that provide physical exams, please contact the school nurse.

Student name

Grade

Date of birth MM/DD/YY

Immunization Record

1. Attach a copy of original vaccination records.
2. If records are not in English, complete this form.
3. When your child receives new immunizations, send a copy of the new records to school.

Student name

Grade

Date of birth MM/DD/YY

Required vaccinations

Vaccine name	Date given MM/DD/YY						
Hepatitis B							
Polio, OPV (oral) Four doses for OPV or mixed vaccine							
Polio, IPV (oral) Three doses for IPV							
DTP or **Td/Tdap** Diphtheria, tetanus, pertussis. Five doses for Grades 1–8*							
HIB H.Influenza type B One dose required for Pre-K and Kindergarten only							
PCV Pneumococcal One dose required for Pre-K and Kindergarten only							
MMR (choose type) ○ Measles ○ Rubella ○ Mumps ○ MMR (3 in 1) A total of two doses measles, two doses mumps, and one dose rubella required before Grade 1							
Varicella Chicken Pox One dose required for Pre-K to Grade 8							

*If fourth dose was at age four or older, then fifth dose is not needed for Grades 1–8. Students must have a booster dose of Td/Tdap after age ten and before Grade 9. The tetanus booster for teenagers (Tdap or TD) is not available in mainland China. **Please make plans to obtain this vaccine while traveling outside China.**

Recommended vaccinations

Hepatitis A						
Japanese Encephalitis						
Rabies						
BCG Tuberculosis						

Other vaccinations

Meningococcal (choose type)	○ A ○ A/C ○ ACYW (MPV4)	○ A ○ A/C ○ ACYW (MPV4)	○ A ○ A/C ○ ACYW (MPV4)	○ A ○ A/C ○ ACYW (MPV4)
Other				
Other				

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Student Physical Examination

1. Physician or medical practitioner completes this section.
2. No diagnostic or laboratory testing needed unless physician has a specific concern.

Student name ______ Grade ______

Date of birth MM/DD/YY ______ Examination date MM/DD/YY ______

Height ______ Weight ______ BP ______ HR ______

	Normal	Abnormal	Notes or follow-up needed	
Neurological seizures, concussion, headaches, etc				
Musculoskeletal scoliosis, disabilities, etc				
Skin and scalp				
Eyes visual acuity, color			Left	Right
Ears acuity, aids			Left	Right
Speech				
Nose, throat, mouth, teeth				
Glands, thyroid				
Heart irregular pulse, murmur, dysrhythmia, etc				
Anemia signs/symptoms				
Lungs asthma, SOB with activity, restrictions, etc				
Abdomen, digestion				
Genitourinary				
General health habits sleep, dental care, diet, weight				
Mental/behavioral health psychiatric dx, developmental level, ADHD, psychosomatic, etc				

Immunizations reviewed and met minimal requirements? ◯ Yes ◯ No

This child may participate in PE and athletic programs without restriction? ◯ Yes ◯ No

Recommendation for follow-up diagnostic testing?

Important

- For concerns needing clarification, please attach pertinent records to this form.
- **Tuberculosis screening on page 04 must also be completed.**

Tuberculosis Screening

1. Physician or medical practitioner completes this section.
2. If the student answers *yes* to any of the below risk factors, the school recommends further testing:

- **Mantoux (PPD) skin test:** for students who have not received the BCG vaccination.
- **IGRA/Quantiferon/T-Spot blood test**: for those with BCG vaccination or who do not want the skin test.
- **Chest x-ray:** only if other forms of testing are unavailable or contraindicated.

Student name

Grade

Date of birth MM/DD/YY

	Yes / no	Comments
Has the student had any of these symptoms recently?		
Unexplained fever for more than a week	○ Yes ○ No	
Unexplained weight loss	○ Yes ○ No	
Cough lasting over three weeks	○ Yes ○ No	
Coughing up blood	○ Yes ○ No	
Night sweats, chills	○ Yes ○ No	
Within the last 12 months, has the student been around anyone with tuberculosis or the above symptoms?	○ Yes ○ No	
Within the last 12 months, has he/she traveled for more than a week to high-risk areas, which may include:		
Rural or north-west China	○ Yes ○ No	
Indonesia	○ Yes ○ No	
Philippines	○ Yes ○ No	
African continent	○ Yes ○ No	
India	○ Yes ○ No	
If the student has ever had a positive TB skin test, blood test or chest x-ray, please record treatment received	○ Yes ○ No	
If further testing or treatment is recommended, please indicate the date, type, and result	○ Yes ○ No	

In my opinion, this student is free of communicable disease and may enter school? ○ Yes ○ No

Physician signature

Physician name

Phone

Email

Hospital or clinic stamp