

HEALTH RECORD FORM



SUNWAY
INTERNATIONAL
SCHOOL

PLEASE COMPLETE THIS FORM ACCURATELY. IF QUESTIONS ARE NOT APPLICABLE, PLEASE INDICATE APPROPRIATELY. FAILURE TO DISCLOSE ACCURATE INFORMATION ABOUT YOUR CHILD'S MEDICAL HISTORY MAY RESULT IN UNNECESSARY DELAY WHEN SEEKING EMERGENCY MEDICAL TREATMENT.

STUDENT INFORMATION

Name : (as per Birth Certificate or IC) _____ Gender : Male Female

Date of Birth : _____ (DD/MM/YY) Email Address : _____

Intake : _____ (MM/YY) Grade : _____

Contact No. : (Telephone) _____ (Mobile) _____

Mailing Address : _____

_____ (Postcode) _____ (State) _____ (Country)

Student resides with/at : Parents Guardian SIS House

FOR EMERGENCY (if parent/guardian cannot be reached)

Primary Contact Person : _____ Contact No. : _____

Secondary Contact Person : _____ Contact No. : _____

Local Doctor/Health Care Provider : _____ Contact No. : _____

NOTE: Please notify the Admissions & Administration Office if there is any change in contact persons or phone numbers immediately via email.

SECTION A: THIS SECTION IS TO BE COMPLETED BY ALL STUDENTS

Allergies ? Yes No What is the allergy to? (Foods, Drugs, etc) _____

Reaction : _____

Asthma? Yes No Does the student carry an asthma inhaler? Yes No

Student on regular medication? Yes No

Name of the medication and frequency : _____

Other Pre-Existing Medical Conditions : (e.g. Migraine, Eczema, Epilepsy, Diabetes, G6PD, etc) _____

Other relevant problems : (Physical, visual, hearing, speech, others) _____

CONSENT FOR FIRST AID

Early Years Department–Oral paediatric paracetamol (for pain and fever), Primary/Secondary Department–Antipyretics (for pain and fever), Antacids (for gastric pain), Antiemetics (for vomiting), Antispasmodics (for menstrual problems), Anti-Flatulence (for gas in intestine) and Eye Drop.

Please sign below to give consent for the above medication to be given to this student, if it is thought necessary by the School Nurse.

Signature of Parent/Guardian : _____ Date : _____ (DD/MM/YY)

Name of Parent/Guardian : _____ NRIC/Passport No. : _____

SECTION B: THIS SECTION IS TO BE COMPLETED BY ALL STUDENTS

Vaccine	Dates Given			
	1st Dose	2nd Dose	3rd Dose	4th Dose
Triple Vaccine/Polio				
Hepatitis B				
Hepatitis A				
Measles/Mumps/Rubella				
B.C.G.				

Blood Group : _____

SECTION C: THIS SECTION IS TO BE COMPLETED BY INTERNATIONAL STUDENTS AND SIS BOARDERS ONLY

A medical practitioner should complete the following section. When you visit your doctor, please bring this form along with you. Your child must have a *baseline physical examination* either:

- i. in your country **no later than 6 months** prior to admission to Sunway International School.
- ii. in Malaysia, can be done within the first week entering Sunway International School.

The completed health form must be submitted to the School by the first week of the semester commencing. The School reserves the right to do a baseline physical examination if the student had not send the particular information by the stipulated time. All costs incurred as a result shall be borne by the students/parents.

To be completed by a Licensed Physician no later than 6 months prior to admission

Chest X-ray Date : _____ (DD/MM/YY)

Blood Test (FBC) Date : _____ (DD/MM/YY)

Urine Test (FEME) Date : _____ (DD/MM/YY)

Height : _____ Weight : _____ Heart : _____ Heart Rate : _____

Nose : _____ Mouth : _____ Teeth : _____ Lungs : _____

Skin : _____ Abdomen : _____

Scoliosis : _____ Reflexes : _____

Hearing : _____ Vision : _____

Development : _____ Menstrual History : _____

General Appraisal/Comment : _____

I certify that all information given on SECTION C is complete and correct.

Signature of Doctor : _____ Date : _____ (DD/MM/YY)

Name of Doctor : _____ Clinic Stamp : _____

SECTION D: PERSONAL DATA PROTECTION NOTICE

The protection of personal data is an important concern to Sunway International School and any personal data collected on this form will be treated in accordance with the Personal Data Protection Notice of Sunway International School (http://sunway.edu.my/pdpa/notice_english).

Authorisation to Release Information (Please tick):

I authorise SIS to release information regarding physical/mental health condition of the Student to medical professionals when medical treatment is needed or for vaccination purpose.

Signature of Parents/Guardians : _____ Relationship : _____

Full Name : _____ NRIC/Passport No. : _____

Signature of Student : _____
(for student aged 18 and above)