



Student Health Card 2012 – 2013 School Year

Current
Photo

School Year	Grade	Age

This card must be completed and on file in the Nurse's Office on the date the student enters school. The school must be notified of guardianship any time the parents leave Jakarta. Please PRINT the information requested below.

Nationality: _____ Language: _____

Surname First Middle Day Month Year (of Birth)

DRUG ALLERGIES: _____

Parents' names: Father: _____ Mother: _____

Home address: _____

_____ Home phone number: _____

Office address: _____

_____ Office phone number: _____

If I cannot be reached, please try: _____

Name: _____ Phone number: _____

REQUIRED FOR ADMISSION: Current Tuberculin Skin Test or Chest X -ray result within the last twelve months and documented on a DOCTOR'S report. This or BCG inoculation record within the last five years is an annual requirement.

TB Skin Test	Date	Result	Chest X - Ray	Result	Date	BCG (TB – Vaccine) if given	Doctor's Signature

IMMUNIZATION: Date/result of last booster

Diphtheria/Tetanus/Fartussis : _____ Oral Folio: _____

Tetanus (every ten years): _____ Measles: _____

Typhoid (three years): _____ Rubella: _____

Mumps: _____ Other: _____

Is your child on medication? YES/NO. Does your child take it himself/herself? YES/NO

Please list the name of the medication and frequency:

My child may be given Tylenol for fever or headache. Please circle YES/NO

Does your child wear glasses/contact lenses? YES/NO

