



Seoul International School

Medical History (Sample)

Student's Name (Last, First) Kim, Cynthia	Date of Birth (M/D/Y) 9/11/1994	Male () Female (O)	Blood Type B	Home Room 2
Father's Name (Last, First) Kim, Sungjin	Phone # 011-6558-7895	Emergent Contact (Other than parents) Name : Nam, Soo Hyun (Relation : Uncle) Contact Number : 795-1234		
Mother's Name (Last, First) Kim, Jee Yeon	Phone # 011-3235-6656			
Home Address San 32-16, Bokjeong-dong, Soojeong-gu, Seongnam-si, Gyeonggi-do	Phone # 031-759-4975			

MEDICAL HISTORY

Chicken Pox	--	Convulsions	--	Current Medical Problems : N/A					
Measles	--	Meningitis	--						
Rubella	--	Hepatitis	--	Allergies	Fractures	Date	Operations	Date	Other
Mumps	--	Rheumatic Fever	--	None	None		None		
Whooping Cough	--	Pneumonia	--						
Poliomyelitis	--	Tuberculosis	--						

IMMUNIZATION RECORD

Dates (M/D/Y)	DTaP	OPV	MMR	TB Skin Test	Tetanus Booster	J. Encephalitis	Other
1. 11/21/94		11/21/94	03/27/96	12/20/03			
2. 01/17/95		01/17/95	10/27/00				
3. 03/25/95		03/25/95					
4. 05/14/96		05/14/96					
5. 04/20/01							

Medication	None	Permission if granted for a) Aspirin or Tylenol (v) b) Treatment of Illness (v) c) Emergency Care (v)	<i>Kim, Jee Yeon</i>	02/20/2004
Vision Problems	None			
Hearing Problems	None			
			Parent Signature	Date

Immunization Guide and Requirements

SCHOOL SCREENING RECORD

	2 mo	4 mo	6 mo	15 mo	18 mo	4~6 yr	11~18 yr	Date	Grade	Height(cm)	Weight(kg)	R Vision L	R Hearing L
DTaP (Td)	#1	#2	#3		#4	#5	Td						
OPV	#1	#2		#3		#4							
MMR				#1		#2							
TB Skin	(as required)												
Students who have lost records, must have one OPV booster, one DPT (under 6 years of age) of Td (under 18 years of age) booster, and one MMR booster along with annual IPPD Skin test. Complete the incomplete record with appropriate booster immunization.													

PHYSICIAN'S EXAMINATION (Sample)

Kim, Cynthia 2 09/11/94
 Name (Last, First) Grade Date of Birth (M/D/Y)

031-759-4975 011-3235-6656
 Home Tel. Phone No. Emergency Tel. No.

(Medical Exam must be current – within 12 months of entry date)

(O) Normal (X) Abnormal (Comment : Specify consultation requested)

Age BP Hgt. Wgt.

Nutritional Status Skin

Eyes sclera pupils Vision r. 0.8 l. 0.8 glasses

Ears canals : r. l. drums : r. l.

Hearing r. l.

Mouth lips tongue pharynx

Teeth gingiva Nose Septum turbinates

Neck mobility lymph nodes thyroid

Throat shape symmetry

Lungs Heart rate rhythm murmur

Abdomen liver spleen hernias

Ano-Genital anus penis testicles : r. l.

Spine

Lower Extremities range of motion development strength

Upper Extremities range of motion development strength

Cranial Nerve I-XII Gait Coordination

Hyperactivity Attention Deficit Disorder

(Medical Exam must be current – within 12 months of entry date)

URINALYSIS (results) protein (--) sugar (--) blood (--)

HEMOGLOBIN (results) 13.3 gm/dl

TUBERCULIN SKIN TEST (results) Negative Positive

(A chest X-ray is required if the skin test result is positive : Results _____)

SIS requires evidence of immunization for the following (M/D/Y) :

DTaP	<u>1. 11/21/94</u>	OPV	<u>11/21/94</u>	MMR	<u>03/27/96</u>
	<u>2. 01/17/95</u>		<u>01/17/95</u>		<u>10/27/00</u>
	<u>3. 03/25/95</u>		<u>03/25/95</u>		
	<u>4. 05/14/96</u>		<u>05/14/96</u>	Td	
	<u>5. 04/20/01</u>				

I have seen evidence that these have been administered.

YES NO

Please be strict on immunization. Students who have lost records must have one OPV booster, one DTaP or Td (if between ages 11 and 18) booster, and one MMR booster along with the annual Tuberculin Skin Test. Please administer appropriate immunization for incomplete records.

Comments

I certify that this student has been examined by me. This examination shows that this student is physically able to participate in physical education activities, including inter-scholastic sports, unless otherwise specified above.

Physician's Signature Ahn, Min Soo

Hospital SSS Hospital Date 02/10/04

