



HARROW
INTERNATIONAL SCHOOL
BANGKOK

New Student Health Form

We require confirmation for students from Pre Nursery to Year 13 to complete the following health checks prior to acceptance at Harrow International School Bangkok. Parents can obtain this health check from the doctor/hospital of their choice.

1. Medical Examination

Each new student needs to have a complete medical examination – physical examination and laboratory tests – at the time of registration in line with Harrow Bangkok School Policy. Please ensure the doctor signs this form and that the hospital/clinic stamp is included.

You will also need to bring your child's vaccination along with you to the hospital (the doctor will check this information and record it on the Student Health Record).

NB: Reports of Medical Examinations and/or Eye Checks, Dental Checks, Hearing Tests taken within the last six months of August but no earlier than February and following the above conditions are also acceptable.

2. Tine Test or Chest X-Ray

Students are required to have a negative report on either a Tine Test or X-ray taken at the time of registration. X-ray reports within one year of August enrolment can be accepted.

3. Record of Medical Examination/Parent Consent Form

Each new student is required to submit a completed Record of Medical Examination and the Parent Consent Form to the School Nurse. This card is to be renewed at the beginning of each academic year.

Please ensure you inform us of any changes to your contact information (address, email and phone number) so we can contact you in case of a medical emergency.

Physical Examination Requirements	Under 12 years	Over 12 years
1. Physical Exam (Doctor's exam, Blood pressure, weight, height)	√	√
2. Tuberculin test or Chest X-ray	√	√
3. Blood Group ABO, Rh	√	√
4. Urine Examination	√	√
5. Dental Examination	√	√
6. Audiogram	√	√
7. Eye Examination	√	√
8. Complete Blood Count (CBC)	-	√

Student Health Record

(Completed by parents/guardian)

STUDENT DETAILS		
Forename:	Surname:	Nickname:
Date of Birth:	Year Group:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	First Language:	<input type="checkbox"/> Boarder
Child's home address:		Tel (home)
PARENTS DETAILS		
Mother: Address:		Tel (Work/Mobile)
Father: Address:		
Guardian: Address:		
MEDICAL HISTORY		
Does your child have any medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details and date)		
Has your child had a medical diagnosis or had an operation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details and date)		
Current medication:		
Allergies to food/medication:		
Medication used to treat allergies:		
Permission for School Nurse to give medication for first aid such as Tylenol: <input type="checkbox"/> Allowed to have first aid care including non-prescription medicine for first aid <input type="checkbox"/> Not allowed to take any medication except external medicine for first aid		
EMERGENCY MEDICAL TREATMENT CONSENT		
I give permission, in the event of an emergency or student illness, for the School Nurse to give medical treatment to student mentioned above. I understand that I will be contacted in the event of a medical emergency. I will provide the School with accurate and up to date health information about my child throughout the year. I understand the School Nurse will give the appropriate care to my child. <i>Note: In the event of a medical emergency, this form will accompany your child to the hospital so that medical treatment can be given.</i>		
Full name:	Relationship to child:	
Signature:	Date:	

Record of Medical Examination

(Completed by doctor)

Vaccine	Vaccination Date	Completed Date	Vaccine	Vaccination Date	Completed Date
BCG (Tuberculosis)			Hepatitis A		
Poliomyelitis			Hepatitis B		
Mumps			Japanese B Encephalitis		
Measles Rubella			Typhoid		
DPT (Diphtheria, Tetanus, Whooping Cough)			Other		
Eye Check			Specialist name/Stamp		
Glasses: Wears Needs		Contact Lenses: Wears Needs			
Vision: Right Eye:		Left Eye:			
Colour Blindness:					
Dental					
Findings:					
Recommendation:					
Audiometric Hearing Test (By an ENT Specialist)					
Right Ear:		Left Ear:			
Recommendation:					
Physical examination (By Physician)					
Blood Pressure: mm/Hg		Height: cms		Weight: kgs	
Nose:		Throat:		Heart:	
Abdomen:		Gland:			
Lungs (X-ray/Tine Test):					
Nutritional status:					
Allergic History:					
Medication:					
Urinalysis					
Sp.Gr:		PH:		Albumin:	
Sugar:		RBC: /Hpf		WBC: /Hpf	
Complete Blood Count (For student over 12 years)					
Blood Group:		RH Titer: Positive Negative			
Hb: gm %		Hct: %		WBC:	
Platelet:		L: M: %		E: B: %	
<i>Please attach your medical note if a student needs special care or given first aid care in case of emergency.</i>					
I certify that all the information given above is complete and correct.				Hospital Stamp and date:	
Physician's name:					
Signature:					

Recommended Hospitals Price List

Harrow Bangkok is working in partnership with a number of hospitals in Bangkok to offer a discounted rate for parents who obtain the Student Health Check from them (parents are not under any obligation to use these preferred providers).

- Parents can choose their preferred hospital from the list below
- Payment should be made directly to the hospital you choose
- Costs for check-up are effective from September – December 2017
- **Please bring your children vaccination record to the hospital**

Hospital Name	Cost		Contact Person (Marketing Dept)	Telephone Number
	Age under 12 yrs	Age over 12 yrs		
Mongkutwattana	2,000	2,100	Ms Pannathorn	02-574-5000-9 Ext. 8301
Vibhavadi	1,990	2,090	Ms Tanpimon	02-561-1111 Ext. 2150
Samitivej - Srinakarin	2,050	2,200	Ms Minami	02-378-9188, 02-022-2222
Samitivej - Sukhumvit	2,500	2,650		02-7118181
Bumrungrad	4,875	5,185	Ms Sineenard Ms Areeya	02-667-9000, 082-094-7772 02-667-1393
Praram 9	2,000	2,100	Ms Sunan	063-268-5408
Synphaet	3,250	3,350	Ms Parichart	02-793-5099 Ext. 5789 092-250-5042
Paolo (Sapankwai)	2,300	2,500	Mr Supoj	02-271-7000 Ext. 11262
Saint Louis	3,010	3,160	Ms Sawanee	02-675-5000 Ext. 51304-7 (Mon-Fri only)

(Prices are subject to change after December 2017)