



# ADMISSIONS HEALTH FORM

This form must be completed by the parent/guardian and submitted together with the *Admissions Application Form* prior to any interview. **Having adequate information about your child is crucial to our ability to provide a supportive environment;** we rely on you to tell us what we need to know about your child. NOTE: There is no nurse or physician on staff; if medical care is needed, your child will be referred to a local provider and you will be billed. *\*Our health care staff, administration, and teachers will have access to the information on this form.*

## STUDENT / PARENT INFORMATION

|                       |  |                                    |  |   |
|-----------------------|--|------------------------------------|--|---|
| Student Name          | Age  | Date of Birth (Month - Day - Year) | Grade (anticipated)  | <input type="checkbox"/> M <input type="checkbox"/> F |
| Father's Name         | Spoken English (✓)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Mother's Name                      | Spoken English (✓)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Father's Mobile Tel # | Mother's Mobile Tel #  |                                    |  |   |

## GENERAL MEDICAL / HEALTH HISTORY

- Is student affected by allergies?  Yes  No
- Is student currently taking any medicine?  Yes  No
- Student has an illness, injury or physical challenge that could affect program participation:  Yes  No
- Student has the following chronic health issues: (check (✓) all that apply)
  - Asthma  Diabetes  Seizure Disorder  Fainting  Frequent Headaches  Frequent Colds  Frequent Ear Infections
  - Other: .....
- Do any of the above require any intervention at school?  Yes  No
- Do you have concerns about the health or emotional well-being of the student that the school should be aware of? (eating habits, sleeping habits, bowel or bladder, teeth, skin, menstruation, weight, etc.)  Yes  No
- Student currently has a sickness or concern which could affect school performance, AND/OR previously had an injury, hospitalization, or other health condition that the school should be aware of:  Yes  No
- Does student have any eye, ear or speech concerns? (i.e. difficulty seeing from afar, crossed eyes, frequently reddened or watery eyes, needs eyeglasses/contacts, uses hearing aid, etc.)  Yes  No
- If you answered yes to any of the above, please provide further information: (Specify details and date of occurrence)

## EMOTIONAL / DEVELOPMENTAL / BEHAVIORAL ISSUES

- Student has been diagnosed with Attention Deficit Disorder (ADD) or AD/HD:  Yes  No
- Student has been diagnosed with a Pervasive Developmental Disorder (PDD): (Retts disorder, Asperger's syndrome, Autism, etc.)  Yes  No
- Student has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder:  Yes  No
- Student has an emotional concern:  Yes  No
- Student has been seen or is seeing a professional (i.e. counselor, etc.) to address mental/emotional concerns:  Yes  No
- Student has had a significant life event that continues to affect the student's life:  Yes  No
- If you answered yes to any of the above, please provide further information: (Specify details and date of occurrence)

## IMMUNIZATIONS

NIS has adopted recommendations by the *World Health Organization (WHO)*, the *American Academy of Pediatrics*, and *The Center for Disease Control* in determining suggestions for immunizations (with some adaptations to Japanese government recommendations). As with other medical issues, it is important that families keep records of immunizations and know what is recommended for specific countries while travelling. Listed below are what is **recommended** for enrollment into NIS. Please record the month/year of each dosage (or date of natural exposure).

*(Can be attached separately if list from current school is available).*

|   | (Dosage 1 Date) | (Dosage 2 Date) | (Dosage 3 Date) | (Dosage 4 Date) | (Dosage 5 Date) |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>DTaP/DTP/ Td</b> ( <i>Diphtheria, Tetanus, Pertussis</i> ) |                 |                 |                 |                 |                 |
| <b>Polio (OPV/IPV)</b>  |                 |                 |                 |                 |                 |
| <b>Hepatitis B</b>  |                 |                 |                 |                 |                 |
| <b>MMR</b> ( <i>Measles, Mumps, Rubella</i> )                 |                 |                 |                 |                 |                 |
| <b>Varicella</b> ( <i>Chicken Pox</i> )                       |                 |                 |                 |                 |                 |
| <b>Pertussis Booster*</b> ( <i>Whooping Cough</i> )           |                 |                 |                 |                 |                 |

*\*recommended update at 12 years*

*\* If student has NOT been immunized for any of the above, please provide further information/explanation and/or attach supporting documentation. Should an outbreak of a contagious communicable disease occur in the NIS community, non-immunized students may be a danger to the health of not only themselves but to others. The school may place restrictions on attendance and non-immunized students may be excluded from the NIS campus for an extended period of time.*

## PHYSICAL EXAM / CHECK-UP HISTORY

NIS conducts on-site hearing, vision and scoliosis check-ups annually. However, it is recommended that all students have a full medical check-up prior to enrollment, particularly for expatriate students relocating to Japan. If the student has had a physical, please attach a copy of results here. If copies are not available, please comment on the condition of the student below.

*\* The school does have a form (in English/Japanese) to present to doctors at the time of a physical - please contact the Development Office if needed.*

## OTHER

What have we neglected to ask? Please provide any information about a specific sickness or problem that may have been neglected in this form. NIS is particularly interested in information that could have an impact on your child's ability to participate and succeed in our program, or which the health care staff should be aware of in order to give the best support possible. *(Please attach a separate sheet if more space is needed.)*

## AUTHORIZATION

This information is correct and the student described has permission to participate in all program activities except as noted on this form. I give permission for Nagoya International School (NIS) staff, administration or authorities to provide routine care and over-the-counter medication for my child's needs. If I cannot be reached in the event of an emergency, I give permission for a physician to examine and treat my child. I know that this form may be photocopied and information may be shared with members of the NIS staff.

**\* If it is felt by the Admissions Committee that further information is needed, you may be required to obtain a physical/health check-up from a qualified physician prior to an admissions decision.**

\_\_\_\_\_  
Parent Signature (or Legal Guardian)

\_\_\_\_\_  
Date