



PLEASE DISREGARD THIS FORM IF YOU HAVE SUBMITTED IT.

International Community School Medical Examination Form

- All students at ICS must have a medical examination performed by a qualified physician.
- For existing students, this exam must be done prior to the first day of attendance in the 2008-2009 school year. For new students to ICS, the exam needs to be completed before the student will be allowed to attend ICS.
- This exam can be done in a country other than Singapore but the results must be reported in English and submitted on the form below.
- ICS also now requires that students have up-to-date immunizations. These immunizations are listed on the back of the form. Students must have the immunizations within 2 months of the first date of attendance in a school year.
- ICS reserves the right to withhold a student from classes until this form is completed in full and returned to the School Office.

Name: _____
Last (family) First (given) Middle

Sex: M / F

Birthdate: _____
Day/Month/Year

Age: _____ Grade: _____

Name of Parent/Guardian:

Mother: _____

Father: _____

Address: _____

Telephone:(Home) _____

Mother's Work: _____

Father's Work: _____

Family Physician in Singapore:

Address: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Relationship: _____

To Be Filled Out By Physician:

HEALTH HISTORY: "X" mark Yes or No

	Yes	No
Chronic/recurrent illness		
Hospitalizations		
Surgery		
Injury treated by physician		
Organs missing		
Heat exhaustion / stroke		
Dizziness / fainting / headaches		
Convulsions / fits		
Concussion		
Wear glasses / contacts		
Dental caps / bridges / braces / plates		
Asthma		
Problems with heart / murmurs		
Problems with spleen / liver		
Problems with bladder / kidneys		
Hernias / GI problems		
Recurrent skin problems		
Bone / joint injury		
Sprain / dislocation		
TB / PPD		

Allergies: _____

Height: _____ Weight: _____

B/P: _____ Heart Rate: _____

Current Medication	Dosage	Purpose

	Normal	Abnormal	Remarks
Head			
Eyes			
ENT			
Dental			
Chest			
Abdomen			
Genitalia			
Skin			
Extremities			
Spine			

Physician Signature and Stamp

Date



PLEASE DISREGARD THIS FORM IF YOU HAVE SUBMITTED IT.

IMMUNIZATION HISTORY:

Please note: Immunization record must be submitted within two months after initial enrollment date

Fill in the Dates Immunizations Given

Remarks

Mandatory						
Diphtheria						
Tetanus						
Polio						
Measles						
Hepatitis B						
Suggested						
Pertussis						
Mumps						
Rubella						
Hepatitis A						
Others						
Typhoid						
Chicken Pox						
BCG						

All prescription medications need a written note from the parent/guardian. All medications must be submitted along with a note to the school nurse. Medications need to be in the original pharmacy containers and marked with the student's name, name of drug, dosage, schedule and instructions. Students are not allowed to carry any prescription / controlled medication (such as Ritalin, pain pills, antibiotics, etc.) in their personal belongings while at school.

Emergency Treatment Authorization: In the event of an emergency when immediate observation or treatment is deemed necessary in the judgment of the school nurse / authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible. I shall not hold ICS or the school authorities liable for any expenses, claims, loss or damage that may arise as a result of such action and shall indemnify the school for all expenses, losses and claims incurred by it in relation to such action.

Permission to administer Panadol / Tylenol (Acetaminophen)

Yes No

Parent / Guardian Signature

Date

⇒⇒⇒⇒⇒⇒⇒ **Please complete reverse** ⇒⇒⇒⇒⇒⇒⇒



PLEASE DISREGARD THIS FORM IF YOU HAVE SUBMITTED IT.

IT IS THE RESPONSIBILITY OF THE PARENT / GUARDIAN TO NOTIFY THE SCHOOL NURSE IN WRITING OF ANY CHANGES TO THE INFORMATION GIVEN IN THIS FORM, e.g., changes of address, telephone number, physical condition or medications.

⇒⇒⇒⇒⇒⇒⇒ **Please complete reverse** ⇒⇒⇒⇒⇒⇒⇒