

## NEW STUDENT HEALTH FORMS

Prior to acceptance at Ruamrudee International School, the following health forms/procedures must be completed:

1. Medical Examination (Student Health Data)
2. Tine Test or Chest X-ray (only one is required)
3. School Clinic Card / Parent Consent Form

### 1. MEDICAL EXAMINATION

Ruamrudee International School policy requires that each new student undergo a complete medical examination – physical examination and laboratory tests – at the time of registration. A form (Student Health Data) for this examination is attached. It is required that the doctor sign this form and that the hospital/clinic stamp be included. **Please be sure to bring your child's immunization record book** along with you to this exam. The doctor will need to verify this information and record it on the Student Health Data sheet:

**N.B.** 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 (only one is required)

Each student is 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 enrollment are acceptable.

### 3. SCHOOL CLINIC CARD / PARENT CONSENT FORM

Each new student is required to submit a completed School Clinic Card and the Parent Consent Form to the school clinic. This card is to be renewed at the beginning of each academic year. Change of home or office addresses or telephone numbers should be given immediately to the school clinic for emergency needs.

- New students will not be admitted to class until all medical forms have been completed and handed in to the health personnel at the School Clinic (Room AD114).
- Please bring your child's Vaccination Record to the hospital.



## PARENTAL AGREEMENT FORM FOR RELEASE OF MEDICAL INFORMATION

(School Year 2019–2020)



\_\_\_\_\_  
Last name (please print)

\_\_\_\_\_  
First name (please print)

\_\_\_\_\_  
Grade

The more information we have about our student's health, the better care we are able to provide. For example, they may need to use the elevator, they may not participate in strenuous exercise, or they may need to take medication at school. Please sign the following release so that we may provide the best care possible for your child.

I give permission for RIS Student Services personnel to contact my child's doctor for more information concerning my child's health.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



# SCHOOL CLINIC CARD

(School Year 2019–2020)  
RIS • SWISS • SECTION  
DEUTSCHSPRACHIGE SCHULE BANGKOK

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

Nationality(ies) \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ cm. Weight \_\_\_\_\_ kg.

Date of Birth \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_ Home Tel. \_\_\_\_\_

Father's Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Office Address \_\_\_\_\_

Office Tel. \_\_\_\_\_ Mobile Phone(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Office Address \_\_\_\_\_

Office Tel. \_\_\_\_\_ Mobile Phone(s) \_\_\_\_\_

Brother / Sister in RIS: Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

**IN CASE OF EMERGENCY:** In the absence of parents, please contact:

Name \_\_\_\_\_ Contact Tel. \_\_\_\_\_

**Within this year, did your child receive any vaccines?**

Type \_\_\_\_\_ Date \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_

**Medical History** Yes  No

\*\*Diagnosis or Operation \_\_\_\_\_ Date \_\_\_\_\_

\*\*Current medication \_\_\_\_\_

\*\*Allergies to medication \_\_\_\_\_

\*\*Medication used to treat allergies \_\_\_\_\_

**Permission for clinic staff to give medications**

Allowed to be administered first aid treatment including non-prescription medicine for first-aid.

Not allowed to take any medication except external treatment for first aid.

I give permission for Ruamrudee International School authorities to sign on my behalf should my children need emergency treatment at the hospital and I cannot be reached in time. This permission does not, however, include the administering of blood transfusions.

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date



# STUDENT HEALTH DATA

(School Year 2019–2020)  
RIS - SWISS - SECTION  
DEUTSCHSPRACHIGE SCHULE BANGKOK

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_ Nationality \_\_\_\_\_ Grade \_\_\_\_

## RECORD OF MEDICAL EXAMINATION

Date \_\_\_\_\_

### IMMUNIZATION RECORD

VACCINE	VACCINE	Completed
BCG (Tuberculosis)		
DPT (Diphtheria, Whooping Cough, Tetanus)		
Poliomyelitis		
Mumps		
Measles & Rubella		
Hepatitis A		
Hepatitis B		
Japanese B Encephalitis		
Typhoid		
Other		

EYE CHECK (By an Eye Specialist) GLASSES (WEARS/NEEDS), CONTACT LENS (WEARS/NEEDS), NONE \_\_\_\_\_

VISION: RIGHT EYE \_\_\_\_\_ LEFT EYE \_\_\_\_\_ COLOR BLINDNESS \_\_\_\_\_

\_\_\_\_\_  
(NAME & SIGNATURE / STAMP)

DENTAL CHECK (By a Dentist)

FINDINGS: \_\_\_\_\_ RECOMMENDATION \_\_\_\_\_

\_\_\_\_\_  
(NAME & SIGNATURE / STAMP)

AUDIOMETRIC HEARING TEST (By an ENT Specialist)

RIGHT EAR: \_\_\_\_\_ LEFT EAR: \_\_\_\_\_

FINDINGS: \_\_\_\_\_ RECOMMENDATION \_\_\_\_\_

\_\_\_\_\_  
(NAME & SIGNATURE / STAMP)

URINALYSIS

SP.GR. \_\_\_\_\_ Ph \_\_\_\_\_ ALBUMIN \_\_\_\_\_ SUGAR \_\_\_\_\_ RBC \_\_\_\_\_ /Hpf WBC \_\_\_\_\_ /Hpf

\_\_\_\_\_  
(NAME & SIGNATURE / STAMP)

COMPLETE BLOOD COUNT (for student over 12 years)

Hb \_\_\_\_\_ gm% Hct \_\_\_\_\_ % WBC \_\_\_\_\_ Platelet \_\_\_\_\_ L \_\_\_\_\_ % M \_\_\_\_\_ % E \_\_\_\_\_ % B \_\_\_\_\_ %

\_\_\_\_\_  
(NAME & SIGNATURE / STAMP)

**PHYSICAL EXAMINATION (By Physician)**  
**Medical History** \_\_\_\_\_  
 NOSE \_\_\_\_\_ THROAT \_\_\_\_\_ HEART \_\_\_\_\_ ABDOMEN \_\_\_\_\_ GLAND \_\_\_\_\_  
 BLOOD PRESSURE \_\_\_\_\_ mm/Hg LUNGS (X-RAYS / TINE TEST) \_\_\_\_\_  
 HEIGHT \_\_\_\_\_ cm. WEIGHT \_\_\_\_\_ kg. NUTRITIONAL STATUS \_\_\_\_\_  
 BLOOD GROUP \_\_\_\_\_ Rh \_\_\_\_\_  
 ALLERGIC HISTORY \_\_\_\_\_ MEDICATION \_\_\_\_\_  
 RECOMMENDATION AND SUMMARY OF DEFECTS \_\_\_\_\_

**SUMMARY OF DIAGNOSIS AND RECOMMENDATION**

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I certify that all the information given above is complete and correct.

PHYSICIAN \_\_\_\_\_  
 (Name and Signature / Hospital Stamp)

## STUDENT CHECK-UP PRICE LIST

The RIS Clinic has arranged this program for the benefit of RIS and RIS Swiss Section students only.

- You may choose any hospital you prefer.
- Please note that the price includes the special discount granted to RIS students.
- The School has no part in the conditions set by the hospitals regarding price or payment. Payment should be made directly to the hospital involved.
- Price for checkup will be effective from January 2019–December 2019.

(All prices are in Thai baht)

	Under 12 years	Over 12 years	Contact Person	Telephone Number
<b>Bangkok General</b>	3,500	3,700	Call Center 1719	02 310 3000 ext. 3344
<b>Bumrungrad</b>	6,240	6,660	Pediatric Center	02 667 9000
<b>Praram 9</b>	2,500	2,700	Checkup # 8051-52	02 202 9999
<b>Ramkhamhaeng</b>	2,700	2,900	Call Center	02-743-9999 Ext.2999
<b>Samitivej Sukhumvit</b>	3,190	3,320	Pediatric Center (7am – 3pm)	02 022 2222
<b>Samitivej Srinakarin</b>	3,190	3,320	Pediatric Center (7am – 3pm)	02 022 2222
<b>Synphaet</b>	3,800	3,900	Call Center	02 793 5099 ext. 5130
<b>Piyavate</b>	2,070	2,170	Checkup Center	02 625 6645-5
<b>Vejthani</b>	2,700	2,800	Khun Jukarin ext. 2610	02 734 0390 ext. 1111, 1182
<b>Phyathai Nawamin</b>	2,200	2,300	Customer Service Khun Preeyapat	02 944 7111 ext. 16208
<b>Seriruk</b> (NOT RECOMMENDED FOR AGES BELOW 6 YEARS OLD)	2,000	2,100	Call Center	02 761 9888

### Physical Examination Requirements

Student under 12 years	Student over 12 years
1. Physical Exam (blood pressure, weight, height)	1. Physical Exam (blood pressure, weight, height)
2. Tuberculin Test or Chest X-ray	2. Chest X-ray
3. Blood Group ABO, Rh	3. Blood Group ABO, Rh
4. Urine Examination	4. Urine Examination
5. Dental Examination	5. Dental Examination
6. Audiogram	6. Audiogram
7. Eye Examination	7. Eye Examination
	8. Complete Blood Count (CBC)