

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

Last Name _____ First Name _____

Grade: _____

The more information we have about our students' 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 Pupil Services personnel to contact my child's doctor for more information concerning my child's health.

Parent/Guardian Signature: _____

Date: _____



SCHOOL CLINIC CARD

Last Name _____ First Name _____ Nick Name _____ Grade _____

Nationality (ies) _____ / _____ Gender _____ Age _____ Height _____ cms. Weight _____ kgs.

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 can not be reached on time. This permission does not, however, include the administering of blood transfusions.

Parent's / Guardian's Signature _____ Date _____



STUDENT HEALTH DATA

LAST NAME _____ FIRST NAME _____ NICKNAME _____

BIRTHDAY ____/____/____ AGE ____ SEX _____ 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 _____ Pletelet _____ 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 _____ cms. WEIGHT _____ kgs. NUTRITIONAL STATUS _____
BLOOD GROUP _____ Rh _____
ALLERGIC HISTORY _____ MEDICATION _____

RECOMMENDATION AND SUMMARY OF DEFECTS _____

SUMMARY OF DIAGNOSIS AND RECOMMENDATION

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

PHYSICIAN _____
{ NAME & SIGNATURE / HOSPITAL STAMP }

RIS /RIS Swiss Section/Student Check Up Cost List

The RIS Clinic has arranged this program for the benefit of RIS SS students only.

- * You may choose any hospital you prefer.
- * Please note that the cost includes the special discount granted to RIS students.
- * The school has no part in the conditions set by the hospitals regarding cost or payment.
- * Payment should be made directly to the hospital involved.
- * Cost for check-up will be effective from January-December 2016.

Hospital Name	Cost for the age under 12 yrs	Cost for age more than 12 yrs	Contact Person	Tel.Number
Bangkok General	2,200	2,400	Call Center 1719	02-310-3000 #3344
Bumrungrad	5,720	6,010	Pediatric Center	02-667-9000
Pharam 9	2,000	2,100	Check-up #8051-25	02-202-9999
Ramkamhaeng	2,100	2,300	Chansukri	085-980-1747
Samitivej-Sukhumvit	2,500	2,650	Pediatric Center (7:00am - 3:00pm)	02-022-2222
Samitivej-Srinakarin	2,050	2,200	Pediatric Center (7:00am - 3:00pm)	02-378-9000
Synpath	2,700	2,900	Call Center	02-793-5099 # 5130
Piyavate	2,070	2,170	Check-up Center	02-625-6645-5
Vejthani	2,100	2,200	K.Piyanee #2610	02-734-0000
Payathai Navamin	1,900	2,000	Customer Services Khun Lalada	02-944-7111#16404
Seriruk	1,850	1,950	Call Center	02-918-9888

Physical Examination Requirements:

Student under 12 yrs	Student over 12 yrs
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)