Hiroshima International School

# ② Health & Medical History

Student name : _____ _____ Date of birth : _____ / _____ / _____
(last) (first) (dd) (mm) (yyyy)

Entering Grade: _____

Permission to dispense Tylenol (Acetaminophen)? ☐ Yes ☐ No (Be sure to check one.)
Permission to dispense Ibuprofen? ☐ Yes ☐ No (Be sure to check one.)

*Elementary school parents will always be contacted. However, Secondary school student(s) -unless "No" is checked- will receive Acetaminophen or Ibuprofen when requested.*

****PERMISSION FOR EMERGENCY TREATMENT****

If I cannot be reached, HIS personnel can seek emergency treatment for my child.

Parent Signature: _____ Date: _____

***EMERGENCY CONTACT IN JAPAN***

Name: _____ Relationship: _____

Phone #: _____ Cell Phone #: _____

Asthma ☐ Yes ☐ No Diabetes ☐ Yes ☐ No
Heart Disease ☐ Yes ☐ No Seizures ☐ Yes ☐ No
Congenital Anomalies ☐ Yes ☐ No
Serious Injuries/Accidents ☐ Yes ☐ No (year) _____ Explain: _____
Major Surgery (Operations) ☐ Yes ☐ No (year) _____ Explain: _____
Allergies (List) Drug: _____ Reaction: _____
Food: _____ Reaction: _____
Other: _____ Reaction: _____
Other Health Concerns _____

Routine Medications (List) and Reason for Taking: _____

| Required Immunizations | | | | | | Recommended Immunizations | | |
|---|---|---|---|---|---|---|---|---|
| Vaccine | | dd/mm/yyyy | Vaccine | | dd/mm/yyyy | Vaccine | | dd/mm/yyyy |
| DTP/ DT/ TD | No.1 | / / | MMR | No.1 | / / | BCG | | / / |
| | No.2 | / / | | No.2 | / / | Chicken Pox | | / / |
| | No.3 | / / | Measles | No.1 | / / | Hept A | No.1 | / / |
| | No.4 | / / | | No.2 | / / | | No.2 | / / |
| | No.5 | / / | Rubella | No.1 | / / | Hib | No.1 | / / |
| | No.6 | / / | | No.2 | / / | | No.2 | / / |
| Polio | No.1 | / / | Mumps | No.1 | / / | | No.3 | / / |
| | No.2 | / / | | No.2 | / / | | No.4 | / / |
| | No.3 | / / | Hept B | No.1 | / / | Japanese Encephalitis | No.1 | / / |
| | No.4 | / / | | No.2 | / / | | No.2 | / / |
| | | | | No.3 | / / | | No.3 | / / |

**Immunization exemptions must be explained in a letter to the school.**