



## STUDENT HEALTH FORM

### General Information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Takes School Bus?  Yes  No  
Other siblings at ASB (Names, Grades) \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_  
Blood Type \_\_\_\_\_ Height (in centimeters): \_\_\_\_\_ Weight (in Kilograms) \_\_\_\_\_

### Vaccination History (Dates of Immunizations):

Diphtheria/Pertussis/Tetanus (DPT) วัคซีนคอตีบ/ไอกรน/บาดทะยัก 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Oral Polio Vaccine (OPV) วัคซีนโปลิโอชนิดหยอด 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
BCG (TB Vaccine) วัคซีนป้องกันวัณโรค \_\_\_\_\_ Date: \_\_\_\_\_  
Measles/Mumps/Rubella (MMR) วัคซีนหัด-หัดเยอรมัน-คางทูม \_\_\_\_\_ Date: \_\_\_\_\_  
Tetanus วัคซีนบาดทะยัก \_\_\_\_\_ Date: \_\_\_\_\_

### Please check any of the following conditions that may apply to the student:

- Allergies (โรคภูมิแพ้)  Asthma (โรคหืด)  Heart problem (หัวใจผิดปกติ)  Diabetes (โรคเบาหวาน)  
 Hepatitis (โรคตับอักเสบ)  Skin problem (โรคผิวหนัง)  Convulsions/Epilepsy (ชัก/ลมบ้าหมู)  Visual problem (ปัญหาทางสายตา)  
 Hearing problem (ปัญหาการได้ยิน)  Ear Infection (โรคติดเชื้อทางหูต่างๆ)  Menstrual condition (ประจำเดือนผิดปกติ)  
 Orthopedic problem (โรคกระดูก)  Kidney/Urinary Infection (โรคติดเชื้อที่ไตและกระเพาะปัสสาวะ)  
 Other: \_\_\_\_\_

Additional information on items checked above:

Do any of the above prevent participation in Physical education?  Yes  No

If yes, have you provided a physician's confirmation?  Yes  No

Does your child have any food restrictions or allergies?  Yes  No If you answered **Yes**, please provide details:

### Medicines/Dosages:

Is the student on Medication?  Yes  No

Please list the medications: \_\_\_\_\_  
\_\_\_\_\_

If your child develops fever or pain, he/she can be given:  Aspirin  Tylenol  Nothing

**Health Concerns:**

1. Are there any health concerns (vision, hearing, speech, emotional) for which your child is or has been receiving treatment or supervision?  Yes  No

If you answered **Yes**, please provide details: \_\_\_\_\_

2. Has your child had any communicable disease, such as Chicken Pox, or H1N1?  Yes  No

If you answered **Yes**, please provide details: \_\_\_\_\_

3. Has your child ever had a serious illness, accident, or operation?  Yes  No

If you answered **Yes**, please provide details: \_\_\_\_\_

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**FOR NURSERY AND KINDERGARTEN ONLY:**

1. What are your child's typical eating habits? \_\_\_\_\_

2. Do you have any concerns on your child's eating habits? \_\_\_\_\_

3. Please describe any particular toileting concerns you may have: \_\_\_\_\_

4. What are your child's favorite activities? \_\_\_\_\_

5. Has your child had interaction with other children?  Yes  No How is his/her behavior in playing with other children?

6. How does your child behave when there are fights or disagreements with friends (crying, withdrawing, hitting) \_\_\_\_\_

7. What types of strategies do you use to encourage good behavior? \_\_\_\_\_

8. What approaches work best in comforting your child: \_\_\_\_\_

9. How do you expect your child will adjust to school life?  enter school easily  will be frightened  will be shy  
 will be comfortable quickly at school  will have difficulties separating from parents

Other Comments: \_\_\_\_\_

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**Health Care Practice:**

The information in this document will assist us in providing quality care for your child and prevent the spread of illness. The American School of Bangkok observes proper health and sanitary practices at all times. Due to the nature of illnesses and considerable variations among individual children, it is important to have as accurate information as possible of every child's needs, health history, and other characteristics.

If there is any other information not covered on this form that you feel important for us to know, please note it here:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree that the above information  
(parent name)

Signature of Parent or Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_