

A Student Medical Examination (SME) is required for all new students **and** those returning students who are entering the 6th & 9th grades.

Section A may be completed by parents. Filling this out prior to your appointment will be helpful to the physician. This is a summary of your child's medical history.

If there are special concerns or medications related to any illnesses, please write this in the space provided. *For example:* if your child has asthma attacks, please note if he/she is on medication or if he/she needs medication kept in the nurse's office. If your child has any allergies, please include that in this section.

Immunizations: The CDIS vaccination policy has been developed with the knowledge that every country has its own vaccination policies and schedules. Therefore, we have tried to develop a list that is reasonably "international" using the World Health Organization's recommendations.

	Foundations / Pre-K	Kindergarten	Grades 1-5	Grades 6-8	Grades 9-12
Required vaccines:	Doses required	Doses	Doses	Doses	Doses
Polio * (See note below)	3-4	3-4	3-4	3-4	3-4
Diphtheria, tetanus, pertussis (DTP)	3	3	4	4	5 * (note)
Hepatitis B	3	3	3	3	3
Measles	1	1	2	2	2
Mumps	1	1	2	2	2
Rubella	1	1	1	1	1
Haemophilus Influenza (Hib)	1	0	0	0	0

Note regarding polio: 3 doses for injected vaccines, 4 doses for oral or mixed vaccines.

Note regarding Grade 9 DTP/TD: the last dose of DTP (or TD) must be given at or after the age of 11.

Other highly recommended (but not required) vaccinations include:

- Hepatitis A, varicella (chicken pox), Japanese encephalitis, rabies

Students without required vaccinations may not attend classes unless special permission is given by the school nurse. A copy of your child's current vaccinations **must** be submitted. This may be a copy of an international immunization book, a prior school record, a doctor's office record or copy of a baby book page. If these are not available, please speak with the nurse about your situation.

Section B must be filled out by the physician. If there are concerns needing further clarification, please attach an additional sheet or e-mail the information in a letter to the school nurse at nurse@CDISchina.com.

Please note: Tuberculosis testing is required as part of the exam. You and your physician will choose one of the following TB testing methods: 1) skin test (PPD), 2) chest x-ray, 3) blood test

No other laboratory tests are required to complete this medical exam form unless your physician has concerns.

Thank you for your help in making our school a safe and healthy learning environment!

Student Medical Examination (parents or physician fill in this section)

Full Name: _____ Grade: _____ Nationality: _____

Birth Date (year/month/day): _____/_____/_____ Age: _____ Gender: _____

Specific Allergies (to medications/food/environment etc.): _____

Current Routine Medications: _____

Section A: Parents *or* Physician may fill out this section.

Has this child had any of the following illnesses?

	No	Yes - Date of illness & comments (any concerns during/post illness)
Chicken Pox		
Heart Problems		
Scarlet or Rheumatic Fever		
Diabetes		
Anemia		
Seizure		
Respiratory Ailment		
Fracture		
Surgical procedure		
Parasites		
Other (please specify)		

REQUIRED: immunization records. Attach a copy of immunization records

(Example of acceptable record: international immunization book, health department records, previous school records, baby book)

Hospital or Clinic Chop: