

Health Information Form

Student Name	C '1		<u> </u>		
	family n	name	first giv	en name	second given name
Birth Date		//			
	Day/Mo	onth/Year			
Father's Name					
family name		first given name		second given name	
Mother's Name					
1.10 mor 5 1 mile	family n	name	first giv	en name	second given name
Student's landlin	e phone	- 		Student's Cellul	ar phone
In an amargancy	contact				
In an emergency contact		family name		first given name	second given name
Relation to Student			Land line phone		
Cellular phone			Work phone		
Geographic loca	tion of stu	ıdent's residence	e. Draw an	nd attach a map if	necessary on the reverse side.
Signature of Stud			-	Date	
Signature of Stud	Jeill				

Vaccination and Immunizations

A student must show evidence of current vaccinations against diseases as required by the school. Proof of vaccinations can be demonstrated by international vaccination certificate, a letter from a doctor, or a personal vaccination record. The following vaccinations will be required of all students:

- Measles, Mumps, Rubella (MMR) #1 (12-15 months) and #2 (4-6 years) (measles vaccine given after 1 year and 1 dose of MMR would also be sufficient)
- Diphtheria/Tetanus/Pertussis (series of four as an infant)
- Polio (series of 3 given as an infant or child)
- DPT and polio at entry to school (4-6 years)
- Diphtheria/Tetanus Booster (every 10 years)
- Hepatitis B (series of 3)
- Meningitis (every 3 years)

- Yellow Fever (every 10 years)
- TB skin test at entrance to school. Chest x-ray for any positive PPD no older than 6 months. (Students vaccinated with BCG with a reaction > 10 mm = Positive and require a Chest x-ray.)

Strongly recommended but not required

- Hepatitis A (series of 2 or 3)
- Typhoid (every 3 years)



Health Emergency Contact Form

Student's Name		
Family Na	me First Given Na	me Second Given Name
Date of Birth// Day/Month/Year	Class of	
Contact in case of a medical emergence	су	
Family Name	First Given Name	Second Given Name
Relation to student	Home landline	phone
Cellular phone	Work phone	
Alternate contact in case of a medical	emergency	
Family Name	First Given Name	Second Given Name
Relation to student	Home landline	phone
Cellular phone	Work phone	
Other contact numbers if the above lis	sted contacts cannot be reached	
In the event of a medical emergency t physician cannot be reached, we will		ion and a parent and/or the designated
IUGB has my permission to authorize the event that a parent or guardian car		as recommended by a qualified physician, in
I prefer that the following doctor and		
Name of Doctor or Medical office	Hospital/Clinic	Telephone numbers
Student Signature		Date



PHYSICAL EXAM

			.1 1 .	1 ' //		ted by a licensed physic	
Université	Internationale d	e Grand-Bassam	the doct	or may use his/he	er own medical form	instead of this one if pr	
	<mark>na</mark> l University of	Grand-Bassam					
IGB ^s	student's Nam						
-05	P Family Nar		ie	First Giv	en Name	Second Given Na	
	Height	Weight		B/P	Temperature		
	1101gm			<i></i>	_ remperature		
eck one choice for	each item:		_				
	Normal Abnor		~	italia (mala)	Normal Abnor	rmal	
	Eyes Ears			italia (male)			
	Nose		_	ver Extremities			
				er Extremities			
	Lungs		D	k Scoliosis			
	Heart		Abd	lomen			
planation of items	checked "Abn	ormal" (use a se	enarate sheet if i	necessary)			
			Immunizat	tion History			
ase give specific d	ates		muniza	ion mistory			
quired Vaccination		ed					
DI	P	<u>Polio</u>	MMR/ROR	Yellow Fever		Typhoid	
					Date: Result		
			Measles	Hepatitis B			
DT/	Td N	Meningitis	Wicasics	ricpatitis b	BCG	Other	
<u> </u>	10	<u>rennigitus</u>			ВСО	Other	
					Hepatitis A		
					•		
ergies:							
dications Taken by	students (Ma	ılaria prophylax					
rrent medical probl	ems and limit	ations					
-4 M - 4:1 II: -4	C-:	/C1-i	Na V				
st Medical History	Seizur Diabe	es/Convulsions	No Ye	es Explain Explain			
	21400		T(2 .xpiaiii			
is student is healthy		articipate in	Physic				
ase check all that a	pply		Interse	cholastic and Intr	amural Sports		
nature of Examini	ng Physician	_	Date of Examination			cian's Stamp	
					= =15010	r F	