



# Taipei Adventist American School

## STUDENT HEALTH RECORD

**STUDENT'S FULL NAME:** \_\_\_\_\_  
(LEGAL NAME IN PASSPORT, BOTH ENGLISH AND CHINESE)

FORMS ARE TO BE COMPLETED BY THE STUDENT'S PARENTS (OR LEGAL GUARDIANS) AND LICENSED PHYSICIAN

### CONFIDENTIAL

The information contained within forms will only be available to school supervisory staff and the attending medical practitioner



# Taipei Adventist American School

## HEALTH EXAMINATION FORM H1

\_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
(Last name) (First name) Yr. M. D.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Head/ Neck: \_\_\_\_\_

Ears: \_\_\_\_\_

Eye-General: \_\_\_\_\_ Vision Fields: \_\_\_\_\_

Lungs/ Chest: \_\_\_\_\_

Heart – rate: \_\_\_\_\_ B. P. \_\_\_\_\_ Murmurs: \_\_\_\_\_

Musculoskeletal – extremities: \_\_\_\_\_ Spine: \_\_\_\_\_

Scoliosis check: \_\_\_\_\_

Abdomen – general: \_\_\_\_\_

Urinalysis – protein: \_\_\_\_\_

Hemoglobin: \_\_\_\_\_

Recommendations for activity: **Physical Education?** \_\_\_\_\_ Restricted \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician



# Taipei Adventist American School

## STUDENT HEALTH RECORD FORM H2

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_  
(last name) (first name) (middle) (year/month/day)

Father: \_\_\_\_\_ Address: \_\_\_\_\_  
 Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Children at TAAS: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_  
(Father)  
(Mother)

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

If unable to contact parents, call: 1. \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Year	

### HEALTH HISTORY

Did your child have any problems at birth? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain.

\_\_\_\_\_

Was there any delay in growth and development (walking, talking, etc.)? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If yes, please explain, \_\_\_\_\_

\_\_\_\_\_

Disease History (give age):		Health Problem/Doctor Diagnosed (give age):	
Rheumatic Fever	Mumps	Allergy	Visual Problems
Chicken Pox	Scarlet Fever	Asthma	Hearing Loss
German Measles	Chronic Ear Infect.	Heart Disease	Seizure Disorder
Measles	Urinary Tract Infect.	Diabetes	Orthopedic
Other		Other	ADHD/ADD

Allergies: Food, environment, medications. Yes \_\_\_ No \_\_\_ if yes, please describe reaction and treatment including medications taken:

Describe any serious illness, operations, injuries, or hospitalizations:

Medications taken on a regular basis: \_\_\_\_\_

### IMMUNIZATIONS (This record must be completed by school personnel from an immunization record provided by parent or guardian.)

Vaccine	Date of Immunization				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Booster	Booster
*Polio					
Polio (Additional Boosters)					
*Diphtheria/Pertussis/Tetanus					
Diphtheria/Tetanus Boosters					
Hepatitis B					
Varicella	Not required if child had Chicken Pox				
Measles (Rubella)				Measles, Mumps, Rubella, may be given in Combinations called MMR or M.R.	
Mumps					
Rebella (German Measles)					

❖ Initial Series usually given in infancy

Permission for minor medications (Children's Tylenol/Panamax/Panadol/Ibuprophen/Benadryl) Yes \_\_\_\_\_ No \_\_\_\_\_  
 I hereby certify that the child named above has received the immunizations indicated.  
 I hereby consent to emergency hospital treatment for my child.

\_\_\_\_\_ Date \_\_\_\_\_  
 Parent/ Guardian Signature



# Taipei Adventist American School

## RECORD AT TAAS FORM H3

School Year	Grade																		
VISION	Date																		
	R																		
	L																		
	Both																		
Glasses/contact lenses																			
HEARING	Date																		
	1000																		
	R 2000																		
	4000																		
	1000																		
	L 2000																		
4000																			
SCOLIOSIS	Date																		
	results																		

Health & Accident Record at TAAS

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Amended September 2007

- Form H3 is to be kept in student's folder with homeroom teacher.