San Fernando Valley Academy

International Student (Student Medical Record)

Only designated staff, such as the school the Registrar and the Principal, will have access to the completed form. This form will be stored in a locked file.

Name: _____ Birth date:_____

Address: _____

Name of Father: _____ Name of Mother: _____

History (Past illnesses and allergies. Please check those he/she has had.

□ Cancer
□ Chicken Pox
□ Diabetes
□ Diphtheria
□ Epilepsy
□ Heart Disease
□ Measles
□ Rheumatic
□ Fever
□ Scarlet Fever
□ Tuberculosis
□ Whooping Cough
□ Ear Infections
□ Other

Allergies:

□ Asthma
□ Hay Fever
□ Insect Bites
□ Penicillin
□ Other Drugs

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience.

_____

_____

Indicate physical problem by check: □ Hearing □ Heart □ Sight □ Speech

Other:_____
SPECIFY

IMMUNIZATIONS: An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered officials are:

□ State Immunization Record
□ Official Immunization Record from another state
□School Immunization Record
□ Healthy Provider Record (Physician's Record, County Health Dept. Record) - must have signature, stamp, or initials next

TB SKIN TESTS

Type*	Date Given	Given by	Date Read	Read by	Impression
□PPD Mantoux □Other	mm/ dd/ yy		mm/ dd/ yy		□ Pos □ Neg
□PPD Mantoux □Other	mm/ dd/ yy		mm/ dd/ yy		□ Pos □ Neg
□PPD Mantoux □Other	mm/ dd/ yy		mm/ dd/ yy		□ Pos □ Neg

*If required by school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film Date: _____mm/_____dd/_____yy/ Impressing: □ normal □ abnormal
Person is free from communicable tuberculosis □ yes □ no
Agency: Signature: Date: