NORTHBRIDGE INTERNATIONAL SCHOOL CAMBODIA
A NORD ANGLIA EDUCATION SCHOOL

P.O. Box 2042, Phnom Penh 3, Cambodia
+855 (0)23 900 749
admissions@nisc.edu.kh
www.nisc.edu.kh

Student Health Form

STUDENT INFORMATION

Student's Full Name First Middle Last

Preferred Name

Date of Birth Day Month Year ☐ Male ☐ Female

Nationality (Passport)

Passport Number Expiration Date

Present Grade Level Applying for Grade Level

Present School

Preferred Start Date Day Month Year

STUDENT PHOTO

Father/Guardian

Full Name

Nationality

Phone

Email

Mother/Guardian

Full Name

Nationality

Phone

Email

MEDICAL INFORMATION

Please indicate with a tick (✔) if your child suffers any of the following:

- ☐ Bed Wetting
- ☐ Sleepwalking
- ☐ Allergies
- ☐ Visual Problem
- ☐ Seizures of any type
- ☐ Asthma
- ☐ Fainting
- ☐ Urinary Infection
- ☐ Heart Condition
- ☐ Recent breaks or sprains
- ☐ Ear Infection
- ☐ Menstrual Problem
- ☐ Travel Sickness
- ☐ Diabetes
- ☐ Hearing Difficulties
- ☐ Tuberculosis
- ☐ Epilepsy
- ☐ Migraine Headaches
- ☐ Skin Condition
- ☐ Orthopedic Condition

☐ Others (Please Specify)

Please give further details of ANY boxes that you have ticked, or any other relevant information, including dietary considerations.
Please write N/A if there is nothing to add.

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MEDICATION

☐ I don't allow any medication to be given to my child.

☐ I allow the following medications to be given to my child in case of sickness or emergency.
**Tick the following medication you allow to be administered by the school nurse.*

Paracetamol (Antipyretic, Analgesic)
For fever and pain

☐ Tylenol Suspension
☐ Biogesic Suspension for children
☐ Panadol Tablet

Ibuprofen (Anti-inflammatory, Antipyretic, Analgesic)
For fever, pain and inflammation

☐ Mylan Tablet
☐ Upro Tablet
☐ Upro Suspension for children

Citirizine (Antihistamine)
For allergic reaction, Allergic rhinitis

☐ Zyrtec Tablet
☐ Allergyl Syrup

Promethazine
For allergic reaction

☐ Phenergan Syrup

Phenylephrine HCL + Paracetamol+ Dextro methorphan+Cetirizine
For Cough, cold, flu and fever

☐ Sinex Forte Tablet
☐ Dimetapp syrup for children

Phenylephrine HCL + Paracetamol
For cold and flu

☐ Panadol Tablet

Salbutamol Bromhexine (Mucolytic)

☐ *For cough*
☐ Ascoril syrup

Aluminun hydroxide and magnesium hydroxide (antacid)
For gastritis, Dyspepsia, Upset stomach, Acid indigestion

☐ Maalox

Domperidone (Antiemetic)
For Nausea and Vomiting

☐ Motilium

Diosmectite (Antidiarrheal, Intestinal Antiinflammatory)
For painful symptoms of diarrhea and other gastrointestinal disorders

☐ Smecta

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IMMUNISATIONS

**Please provide us with the vaccination record of your child or fill out the following.*

Tetanus	Date	Day	Month	Year	Booster	Day	Month	Year
Rabies	Date	Day	Month	Year	Booster	Day	Month	Year

Other shot(s) according to local health requirement

DPT (Diphtheria/Pertussis/Teatanus)	Date	Day	Month	Year	Booster	Day	Month	Year
OPV (Oral Polio Vaccine)	Date	Day	Month	Year	Booster	Day	Month	Year
BCG (TB Vaccine)	Date	Day	Month	Year	Booster	Day	Month	Year
TB Skin Test	Date	Day	Month	Year	Booster	Day	Month	Year

Other Vaccinations

1	Date	Day	Month	Year	Booster	Day	Month	Year
2	Date	Day	Month	Year	Booster	Day	Month	Year
3	Date	Day	Month	Year	Booster	Day	Month	Year

GENERAL COMMENTS

I, _____ , legal guardian of _____ certify that that the above information is correct and current as of today.

Parent/Guardian Signature _____ Date Day Month Year