

# SAS MEDICAL EXAMINATION FORM

SINGAPORE  
AMERICAN  
SCHOOL

## STUDENT INFORMATION

Name	<input type="text"/>		
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade <input type="text"/>
			Birth Date <input type="text"/>
			<i>MM/DD/YYYY</i>

Please submit a signed medical form on or before your child's first day of school per Singapore law and SAS school policy. A complete form is required for continued enrollment and participation in activities during and after the school day.

Please submit the completed form to [nurseelem@sas.edu.sg](mailto:nurseelem@sas.edu.sg) for kindergarten to fifth grade applicants and to [mshsnurse@sas.edu.sg](mailto:mshsnurse@sas.edu.sg) for preschool, pre-kindergarten, and sixth to twelfth grade applicants.

## PARENT/GUARDIAN INFORMATION

### Parent 1

Name	<input type="text"/>
Telephone	<input type="text"/>
	<i>Home Mobile</i>

### Parent 2

Name	<input type="text"/>
Telephone	<input type="text"/>
	<i>Home Mobile</i>

## EMERGENCY CONTACT

Name	<input type="text"/>
Relationship	<input type="text"/>
Telephone	<input type="text"/>
	<i>Home Mobile</i>

## FAMILY PHYSICIAN IN SINGAPORE

Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>

## IMMUNIZATION HISTORY

Please **attach** proof of your child's immunization records provided by your physician as this form will not be accepted without these records. SAS is required to ensure that our students are immunized in accordance with current Singapore law. This means that submitting updated immunization records for your child is **mandatory** to attend school at SAS. All students must have:

- Two MMR (Measles, Mumps, Rubella) vaccines upon reaching 18 months of age;
- Four DTaP (Diphtheria, Tetanus, acellular Pertussis) vaccinations upon reaching 18 months of age; and
- Fifth Tdap booster (Tetanus toxoid, reduced diphtheria toxoid, acellular pertussis) at 10-11 years of age.

For more information regarding this requirement, you can visit the Singapore Health Promotion Board (HPB) website at [www.hpb.gov.sg](http://www.hpb.gov.sg).

Permission to administer Panadol/Acetaminophen (pain reliever/fever reducer)

Yes ☐ No ☐

## EMERGENCY TREATMENT AUTHORIZATION

In the event of an emergency when immediate observation or treatment is deemed necessary in the judgement of the school nurse and/or authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible.

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

\_\_\_\_\_  
MM/DD/YYYY

If there are changes in your child's health condition, we ask parents to inform the nurses' office directly, as the school nurses manage the health of your child based on the information given. **Please make a copy of this form for your personal records.**

(Complete other side)

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To be filled out by your family physician

## HEALTH HISTORY (tick where applicable)

Allergies

Height  Weight  B/P  Heart Rate

	YES	NO
Chronic/recurrent illness		
Hospitalizations		
Surgery		
Injury treated by physician		
Organs missing		
Heat exhaustion/stroke		
Dizziness/fainting/headaches		
Convulsions/fits		
Concussion		
Wears glasses/contacts		
Dental caps/bridges/bracers/plates		
Asthma		
Problems with heart/murmurs		
Problems with spleen/liver		
Problems with bladder/kidneys		
Hernias/GI problems		
Recurrent skin problems		
Bone/joint injury		
Sprain/dislocation		
TB/PPD		

	NORMAL	ABNORMAL
Head		
Eyes		
ENT		
Dental		
Chest		
Heart		
Abdomen		
Skin		
Extremities		
Spine		

CURRENT MEDICATION	DOSAGE	PURPOSE

Explanation of 'Yes' answers or 'Abnormal' findings:

Sports participation approved? Yes ☐ No ☐

Contact sports participation approved? Yes ☐ No ☐

Cleared for sports but with limitations:

Physician Signature and Stamp

MM/DD/YYYY