



## STUDENT HEALTH RECORD

Name of Student: \_\_\_\_\_ ☐ Male ☐ Female  
Family Name First Name Middle Name

Birth Date: \_\_\_\_\_ Blood Group: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Started: \_\_\_\_\_

### Relevant Medical Information:

Medical Conditions: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Learning Support: ☐ Yes ☐ No ESL: \_\_\_\_\_ SLN: \_\_\_\_\_

DD/MM/YYYY	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Booster
Polio						
DPT						
Hib						
Hepatitis B						
Hepatitis A						
MMR						
TD/TT						
B.C.G			T.B/Tine Test:			
Varicella						
Pneumococcal						
Meningococcal						
Yellow Fever						

Can this Student participate in Physical Education: ☐ Yes ☐ No Remarks: \_\_\_\_\_

Any physical limitations? ☐ Yes ☐ No Remarks: \_\_\_\_\_

Any special assistance needed? ☐ Yes ☐ No Remarks: \_\_\_\_\_

It is school policy and practice to call a parent immediately if a child requires urgent medical assistance. However contact is not always possible. In such circumstance s please indicate e your acceptance that the ABA has permission to seek professional medical assistance by signing at the back of the document.

Antigen	Description	Schedule
BCG	Bacille Calmette-Guerin Vaccine	Birth
Hep.B	Hepatitis B vaccine	Birth
IPV	Inactivated polio vaccine	9 weeks
DTwPHibHep	Diphtheria and tetanus toxoid with whole cell pertussis, haemophilus influenza type B and hepatitis-B vaccine (Penta)	2, 4, 6 months
Pneumo_conj	Pneumococcal Conjugate vaccine 13 (PCV)	2, 4, 13 months
OPV	Oral polio vaccine	4, 6, 18 months 6, 18 years
Vit A	Vitamin A supplement	9, 18 months
MMR	Measles , mumps and rubella vaccine	12, 18 months
Varicella*	Varicella vaccine	12 months
DTwP	Diphtheria and tetanus toxoid with whole cell pertussis vaccine	18 months
MenACWY	Meningococcal A,C,Y, W135 vaccine	2 years
DT	Tetanus and diphtheria toxoid, children's dose	6 years
Td	Tetanus and diphtheria toxoid, for older children/adults	12, 17 years

#### Optional:

<b>Influenza</b>	Seasonal influenza vaccine
<b>Rabies</b>	Rabies vaccine
<b>Typhoid</b>	Typhoid fever vaccine
<b>Yellow fever</b>	Yellow fever vaccine

***\*Varicella is given to all children born in Oman after 2010. Any child up to the age of 12, who has not received the vaccination or had chickenpox is required to have this vaccine.***

Source: WHO vaccine-preventable diseases: monitoring system 2013 global summary

**Please note:-** ABA expects that prior to admission to the school, your child will have the required vaccinations, as highlighted above, **in accordance with the vaccination schedule in Oman.**

It is expected that you will continue with the necessary vaccinations while your child is a student at ABA.

Please consult your doctor or health advisor to have the required vaccinations, and ensure updated information is given to the Health Office. For students with medical conditions or allergies, please contact the Health Office to discuss a care-plan.

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Parent/Legal Guardian's Signature

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Date

## **SCHOOL VACCINE REQUIREMENTS**

The vaccines listed below are required **prior to admission to ABA**. For the safety of all of our students and our community, no student may be admitted unless she/he has proof of these immunizations.\*

### **All students:**

- Polio
- DPT
- Hib
- Hepatitis B
- MMR

**And**

### **All students under 5 years:**

- BCG or Mantoux test

### **All students under 12 years:**

- Varicella

## **VACCINATION INFORMATION**

**Polio:** Poliomyelitis. 4 doses plus a booster dose at 6 and 18 years

**DPT:** Diphtheria, Pertussis and Tetanus, 4 doses

**Hib:** Haemophilus Influenza Type b: 3 doses or a single dose between 15-59 months

**Hepatitis B:** 3 doses

**MMR:** Measles, Mumps and Rubella, 2 doses

**BCG:** Bacille Calmette - Guerin Vaccine against tuberculosis, 1 dose under the age of 5 years or

**Mantoux test :** Tuberculin skin test using Mantoux technique, every 4 years

**DT/ Td:** Diphtheria/ Tetanus/, booster dose at 6 , 12 and 17 years

**Varicella:** Chicken pox , 2 doses, under the age of 12 years

**\*Copy of the required vaccination documents in English, which has date and name of vaccines given, and official stamps from the clinic/ hospital.**