

AMERICAN INTERNATIONAL SCHOOL OF LAGOS
Student Health Report

STUDENT NAME: _____ **GRADE:** _____

In order to keep your child's health records current, please complete this form and either return it to the registrar or email to admissions@aislagos.com as soon as possible. The information provided will offer considerable assistance to the school health personnel when dealing with acute/emergency and chronic health problems should they arise during school hours.

1. ALERTS: *please check those that apply*

NONE

Autism	Diabetes	Heart condition
Asthmatic	Dietary restrictions	Migraines
Cerebral Palsy	Epileptic	Sickle cell anemia
Constant nose bleeds	Excessive bleeding	Seizures / convulsions
Cystic Fibrosis	<i>Other: please explain:</i> _____	

2. ALLERGIES: *please check those that apply*

NONE

Dairy products	Grass	Penicillin
Dust	Bees / wasps / insects	Pollen
Eggs	Medications / drugs	Shellfish
Fish	Peanuts	Sulphur related products
<i>Other: please explain:</i> _____		

3. FRACTURES AND INJURIES

NONE

If Yes, please explain _____

4. RECENT HOSPITALIZATION

NONE

If Yes, please explain _____

5. OPERATIONS / PROCEDURES

NONE

If Yes, please explain _____

6. AUDITORY DIFFICULTIES: *please check those that apply*

NONE

Deafness	Ear infections	Hearing aid(s)
<i>Other: please explain</i> _____		

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7. DENTAL DIFFICULTIES

NONE

If Yes, please explain _____

8. PHYSICAL DIFFICULTIES

NONE

Limitations to physical activities

If Yes, please explain _____

9. VISUAL DIFFICULTIES: please check those that apply

NONE

Glasses

Contacts

Blindness

Other: please explain _____

10. PRESENT MEDICATIONS: please check those that apply

NONE

ADHD

Asthma

Malaria prophylaxis

Other: please explain _____

11. THERAPY / TREATMENTS: please check those that apply

NONE

Occupational

Physical

Psychological

Other: please explain _____

12. OTHER RELEVANT INFORMATION: please give details where appropriate

IMMUNIZATION RECORD

VACCINES	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria and tetanus DTap, DPT, DT, TD				
Measles, mumps, Rubella				
Hep A				
Hep B				
HIB				
Varicella				
Yellow Fever				
Meningococcal				
Pneumococcal				
BCG				
Other: Please list				
Other: Please list				

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