MEDICAL HISTORY

Dalian American International School
Email: admissions@daischina.org
www.daischina.org

Dear Parent: Please answer the following regarding the medical history of your child. In order to best care for your child, we need to understand his/her health condition. All information will be kept confidential and released only to necessary medical personnel outside of school. PLEASE PRINT IN BLOCK LETTERS.

Student's Full Name (as indicated in Passport):

(Family Name)	(Given Name)	(Middle Name)	Date of Birth (MM/DD/YY)

Blood Type (Please check one)

☐ A ☐ AB ☐ B ☐ O

RH Factor (please check one):

☐ POS ☐ NEG

ASTHMA : ☐ Yes ☐ No

(If Yes, please list triggers and severity)

ALLERGIES (Food/Drug/Environment/Others): ☐ Yes ☐ No

(Please list triggers and severity)

ANY MEDICATION: ☐ Yes ☐ No

Regular: _____

Intermittent or emergency: _____

OPERATIONS, HOSPITALIZATION OR CRITICAL ILLNESSES: ☐ Yes ☐ No

(If "Yes", please provide dates and details)

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Medical History

Check the appropriate box if your child has/had any of the following medical conditions:

☐ Chicken Pox	☐ Scarlet Fever	☐ Recurrent Ear Infections
☐ Measles	☐ Tuberculosis	☐ Vision Problems
☐ Mumps	☐ Whooping Cough	☐ ADD / ADHD
☐ Poliomyelitis	☐ Diabetes	☐ Dyslexia
☐ Rheumatic Fever	☐ Epilepsy	☐ Speech Difficulties
☐ Rubella	☐ Heart Disease	☐ Others: _____

If you have checked any of the above, please provide details and dates:

_____

_____

The immunizations below must be current before a student can be admitted to DAIS.

Please provide dates for both childhood and booster immunizations.

Type	Date (MM/DD/YY)				
	1st	2nd	3rd	4th	5th
Polio (TOPV-Tri-Oral-Polio-Vaccine) 2,4,6 & 18 months, 4-6 years, every 10 years					
Measles/Mumps/Rubella (MMR) 15 months, Booster by age 11					
Diphtheria, Pertussis & Tetanus (DPT) 2,4,6 & 18 months,4-6 years, every 5-10 years					
Hepatitis A 3 shots					
Hepatitis B 3 shots					
Tetanus Booster age 14-16 years					
Tuberculosis (BCG)					
Other Inoculations (Please Specify):					
Other Inoculations (Please Specify):					
Other Inoculations (Please Specify):					

Notes: Some vaccines are available in combination (eg. MR, MMR, DPT). For types not listed above, please fill in "Other Inoculations".