



## Health Record and Form

Parents and Guardians: This health form needs to be filled out completely each year of enrollment for all students at AIS-Salzburg. Please take the time to complete this form with care and include all required information. This information will be kept by the school administration and shared only with health professionals upon necessity in accordance with our Medical Treatment Consent and Transmission of Medical Information form. Also, this information is protected under the EU Personal Data Protection laws and will be filed in the school office only during the period of actual enrollment during the coming school year.

If you have any questions concerning this form, please contact the school at [office@ais-salzburg.at](mailto:office@ais-salzburg.at)

**Student Name** (Last, First):

**Date of Birth** (dd/mm/yyyy):  /  /  **Gender:** Male  Female  **Weight (kg):**

**Emergency Contact** (name and contact telephone number):

|        |             |
|--------|-------------|
| (Name) | (Contact #) |
|--------|-------------|

### A. Personal Health History

Please check any of the boxes of those diagnosed health issues that apply. Please provide any necessary further information in the space provided below:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Scarlet fever                | <input type="checkbox"/> Emotional disorders/ | <input type="checkbox"/> Chest pains/Heart       | <input type="checkbox"/> Recurrent diarrhea      |
| <input type="checkbox"/> Measles                      | <input type="checkbox"/> Depression           | <input type="checkbox"/> Issues                  | <input type="checkbox"/> Rupture/Hernia          |
| <input type="checkbox"/> Mumps                        | <input type="checkbox"/> Recurrent headache   | <input type="checkbox"/> Head injury             | <input type="checkbox"/> Dissiness/Fainting      |
| <input type="checkbox"/> Chickenpox                   | <input type="checkbox"/> Head injury          | <input type="checkbox"/> Whooping cough          | <input type="checkbox"/> Paralysis               |
| <input type="checkbox"/> Herniated disc/Spinal injury | <input type="checkbox"/> Kidney insufficiency | <input type="checkbox"/> Chronic cough           | <input type="checkbox"/> Tuberculosis            |
| <input type="checkbox"/> Sinusitis                    | <input type="checkbox"/> Rheumatic fever      | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Mononucleosis           |
| <input type="checkbox"/> Hepatitis A or B             | <input type="checkbox"/> Tumor, cancer, cysts | <input type="checkbox"/> STDs                    | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Gall stones                  | <input type="checkbox"/> ADS/Hyperactivity    | <input type="checkbox"/> Meningitis              | <input type="checkbox"/> Epilepsy/Convulsions    |
| <input type="checkbox"/> Insomnia                     | <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> Joint/Bone injury       | <input type="checkbox"/> Other: (Please explain) |
|   | <input type="checkbox"/> Athsma               |  |  |

Further Information/Commentary:

### B. Allergies

Please list all known allergens:

### C. Personal Health History

1. Has your child's physical activity been restriction during the past three years?  Yes  No

Explanation:

2. Has your child ever been hospitalized for any condition not listed previously?  Yes  No

Explanation:

3. Have your tonsils been removed?  Yes  No      Has your appendix been removed?  Yes  No

Student Name (Last, First):

#### D. Regular Medication

Please list all medication your child takes on a regular basis and would be required to take here at AIS-Salzburg:

#### E. Abnormalities

If your child has been diagnosed with an abnormality in any of the following systems, please mark with an 'X':

head, ears, eyes, nose, throat

respiratory

genitourinary

any paired organs

neurological

muskuloskeletal

gastrointestinal

metabolic / endocrine

other

Further Information/Explanation:

#### F. Immunization Record

All students enrolled at AIS-Salzburg must submit an up-to-date, official immunization record. **Please attach a copy of this to this health form.** This vaccination record **does not** need to be translated.

#### G. Eyes and Teeth

If you wear corrective glasses or lenses, please state your prescription here:

Left:

Right:

Are you currently undergoing corrective procedures (e.g., braces) on your teeth or jaw?  Yes

No

Further Information/Explanation:

#### H. Any Other Necessary Health Information

Please inform us of any other health conditions or information that would be important here:

#### I. Statement of Agreement and Signature

By enrolling my child at AIS-Salzburg, I give my permission for them to have all vaccinations required by the Austrian health officials and their regulations. Further, I understand that the school administration and staff is required to follow physician's orders specifically and exclusively following visits to health officials who are here in Salzburg. I also agree that the school is under no obligation to carry out or impose doctor's orders from those physicians who have not physically seen our students. Lastly, I agree to submit all necessary prescription medications to the school health coordinator upon enrollment for safe keeping and distribution following physician's orders.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_