



# MELAKA INTERNATIONAL SCHOOL

No. 1, Jalan Kubu

75300 Melaka, Malaysia

Tel : 606-2862573 Fax : 606-2862575

---

## HEALTH RECORD First Admission Form

---

Name of Child : \_\_\_\_\_  
Surname \_\_\_\_\_ Given name \_\_\_\_\_

Sex : M / F \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Name of Father: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

---

## FAMILY HEALTH

---

Do any parents or siblings have :

Diabetes / High Blood Pressure / Any Mental or Nervous Illness / Cancer / Allergies / Tuberculosis?

*Circle any of the above or answer "NO"*

Illness	Age	Illness	Age
Chickenpox		Pinworm	
Dysentery		Pneumonia	
German measles		Rheumatic fever	
Hookworm		Roundworm	
Kidney disease		Scarlet fever	
Measles		Tuberculosis	
Mumps		Whooping cough	

IMMUNISATIONS		
	Year of Immunisation	Year of last booster
DPT      Diphtheria Whooping cough Tetanus		
Tetanus		
Measles		
Rubella		
Polio – oral sabin		
BCG (T.B. Vaccine)		
= at birth _____		
= 6 years old _____		
= 12 years old _____		
= 15 years old _____		

Last visit to dentist (date): \_\_\_\_\_ Result: \_\_\_\_\_

List any operations (age): \_\_\_\_\_

Chest X-Ray (year): \_\_\_\_\_ Result: \_\_\_\_\_

List serious injuries: \_\_\_\_\_

Tuberculin test (PPD) (year): \_\_\_\_\_ Result: \_\_\_\_\_

List allergies: (Food) \_\_\_\_\_ (Medication) \_\_\_\_\_

Is the child now under care of a physician? \_\_\_\_\_

Is the child taking any medication? \_\_\_\_\_

Specify your preferred physician/dentist (if any): \_\_\_\_\_

Has physical and emotional development been normal? \_\_\_\_\_

Does exercise cause undue fatigue? \_\_\_\_\_

Are there any physical or emotional conditions or limitations the School should know about?

\_\_\_\_\_

---

### AUTHORISATION

---

In the event of an emergency, I authorize the Melaka International School Authorities to take whatever action is deemed necessary.

Parent's / Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address in Malaysia: \_\_\_\_\_