DIS Dresden International School gGmbH
Annenstr. 9 · 01067 Dresden
Fon +49 351 440070 · Fax +49 351 4400723
admissions@dresden-is.de · www.dresden-is.de

Student Health Information Sheet

Name of Student: _____
Last First

Gender (M / F): _____

Nationality: _____ Date of Birth: _____ Grade: _____
Day/Month/Year

Home Address: _____

_____ Tel.: _____

Father's Name: _____ Mother's Name: _____

Father's Mobile: _____

Mother's Mobile: _____

Emergency address when parents are not available: _____

_____ Tel.: _____

Insurance Company: _____ Policy No. (Child).: _____

Previous Illness:

Please check (x) and give date:

Chicken Pox
Diphtheria
German Measles
Measles
Mumps
Polio
Rheumatic Fever
Scarlet Fever
Tuberculosis
Whooping Cough
Frequent Colds
Ear Infections
Operations

Health Problems:

Please check (x):

Allergies
Asthma
Diabetes
Epilepsy
Heart Disorders
Hearing Difficulties
Speech Impediment
Sight Problems
Behavior/ Learning Problems

Other

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Please explain any other health concerns of which we should be aware:

Is student currently on medication? Yes/No

If yes, please explain:

Is there any reason for your child to have restricted physical activity? Yes/No

If so, please explain:

If your child is female, has she begun to menstruate? Yes/No

If so, please list year begun:

Immunizations: Please fill in the chart and / or enclose immunization records.

Please give dates	Month/year	Month/Year	**Month/Year**
Diphtheria			
Measles			
Mumps			
Pertussis (whooping cough)			
Polio			
Rubella			
Tetanus			
Tetanus Booster			
Other Immunizations:			

DPT = Combined Immunization for Diphtheria, Pertussis, Tetanus
MMR = Combined Immunization for Measles, Mumps, Rubella

T.B. Tine Test: Result:
Month/Year

Does school have your permission to take your child to the nearest hospital in case of emergency? Yes/No

Comments:

Signature of Parents Date