



**Education for the Future.... With the Wisdom of the  
Past**



HEALTHY-MIND INTERNATIONAL SCHOOL

Education for the Future.... With the wisdom of the Past

GP2066, GPO, Gt. Accra - Ghana, Madina

Email – [info@healthymindschool.net](mailto:info@healthymindschool.net). Tel No., + 233 55 139 9944, + 233 55 139 9955, +233 559722075

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## Welcome to our School!

### It is our pleasure to welcome you to Healthy-Mind International School.

The Healthy-Mind International School (**HIS**) is a house of learning, where educators, students and parents work in collaboration to inspire and engage learners in active learning. School embraces learners of all backgrounds and Nationalities and holds each student to the highest expectations. Students are provided with a deep, rich curriculum that engages them in inquiry, develops strong critical thinking skills, and challenges them to a new level of learning. Our goal is to focus on preparing students to become lifelong learners.

Not only do we aim to engage and provide children with a high-quality education but we also believe in building life skills such as moral values, respect, courage, empathy and self-confidence. In doing so, we examine the fundamental requirements of the learners, the challenges and obstacles that youngsters face as well as current issues and trends.

Our goal is on self- motivation and individual learning in a highly respectful, stress-free and creative environment. Our classrooms are places of interactive encounters where there is active involvement by students or learning partners in transforming the lessons.

We see ourselves not only as teachers and learning facilitators who help the children to attain educational goals and above-average marks, but do everything to ensure that they are supported in their personal development, so that the potential of each and every child is fully realized. By reflecting on the wisdom of the past, this ensures that our children are well prepared for the future and the challenges of the dynamic 21<sup>st</sup> century.

We invite and welcome you to visit our campus, a vibrant unique place for learning and personal growth!

H.I.S Family

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## How to Apply

### Step 1: Submit the Enrollment Application Form

The application form can be completed online through our **website**. A PDF copy of the form can also be downloaded here

### Step 2: Submit Additional Forms and Documents

Additional forms such as the Health and Immunization form, Bus Service form, After School Clubs form and applicable documents must also be submitted.

### Step 3: Interview

The next step involves a Learner Placement Assessment Test which will be carried out by the class facilitators respectively. During this time, you will be given a tour of the school and you may ask any questions about enrollment. The principal will also use this time to get to know you and your child better.

### Step 4: Decision

The family will be informed regarding placement of the child in the school depending upon the result of the interview and availability at the time.

### Step 5: Payment of Registration Fee

Families who accept admission must pay the non-refundable registration fee to secure a seat in the school.

## The Interview

Families who would like to seek enrollment at Healthy- Mind International School are interviewed by the School Principal upon completion of the application form. Some points of discussion during the interview include: adjustment to school, goals for the child, eating habits, health, separation process, necessary assistance, commitment to completing the program at Healthy- Mind International School and future schooling plans.

During the interview, families are also briefed on the school's program and philosophy and are made to understand the significance of international-mindedness and the five essential elements of the IB.

### Points to Consider

- Applications are accepted all year round.
- The date of July 31<sup>st</sup> of the academic year is used to determine grade levels for age groups
- Special needs children are accepted on a case-by-case basis in consultation with a professional.

**Please consult the admission counselor for more details**

## Contact Form

### OFFICE USE ONLY

\_\_\_\_\_  
Date of First Contact

\_\_\_\_\_  
First Contact via Telephone /e-Mail

\_\_\_\_\_  
Code

### PERSONAL DATA OF CHILD

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name/s

Male

Female

\_\_\_\_\_  
Date of Birth

### APPLICATION DATA

\_\_\_\_\_  
Current age of child

\_\_\_\_\_  
Current year level

\_\_\_\_\_  
Expected entry date

### CONTACT DETAILS OF PARENT(S) OR GUARDIAN

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Telephone, Inc. Country code

\_\_\_\_\_  
Email

### HIS VISIT

\_\_\_\_\_  
Date/time of appointment with the Coordinator/VP/Principal

### TRIAL /VISITING WEEK

\_\_\_\_\_  
From

\_\_\_\_\_  
To

### Feedback from the Coordinator/Head

\_\_\_\_\_  
Decision

\_\_\_\_\_  
Foreseen Grade

## Dear Family,

We are delighted you have chosen **HIS** as your future school. We have put together a number of documents in two separate booklets entitled 'Enrolment Documents' and 'School Policy Documents'.

The 'Enrolment Documents' contains all of the relevant documentation which should be read, signed and returned to HIS in order to finalize the enrolment process.

The documents contained in this booklet are:

- I. Applicant's data
- II. HIS Enrolment Contract
- III. HIS Fee Structure
- IV. Instructions on data processing
- V. Declaration of consent to the use of photos
- VI. HIS Essential Agreements on Respectful Behavior
- VII. Authorization of external examinations
- VIII. Confirmation receipt of School Policy Documents
- IX. HIS Holiday Calendar

Furthermore, we also require:

- A copy of passport or Identity Card
- Last two school reports
- A passport photo of your child(ren).

The 'School Policy Documents' contains all the relevant policies which are at the heart of our school. These should be read and discussed together with your child(ren).

The documents are:

- I. Admission Policy
- II. Inclusion Policy
- III. Assessment Policy
- IV. Language Policy
- V. Child Protection Policy
- VI. Academic Honesty Policy

Warm regards,  
Management  
Healthy-Mind International School.

## Applicant's data

\_\_\_\_\_  
Surname First name/s

Male  Female

\_\_\_\_\_  
Preferred name Date of birth

\_\_\_\_\_  
Place of birth (City/Country) Nationality

### APPLICATION DATA

\_\_\_\_\_  
For the school year Grade applying for Expected entry date

\_\_\_\_\_  
Name of current school/country Current grade

\_\_\_\_\_  
Language of instruction Expected length of stay in **HIS**

### STUDENT CONTACT DETAILS

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Post code City Country

\_\_\_\_\_  
Home telephone Mobile Phone

\_\_\_\_\_  
Email

### EMERGENCY CONTACT PERSON

\_\_\_\_\_  
Surname First name/s

\_\_\_\_\_  
Emergency contact number Relationship to child

### OFFICE USE ONLY:

\_\_\_\_\_  
Student number:

Last two school records

Passport/Identity card

Photo

## LANGUAGE SURVEY

Which languages are spoken at home by the student?

---

First language

---

Second language

### ENGLISH LANGUAGE BACKGROUND

If English is not your child's first language or dominant language at home, please complete the following:

Does your child have any knowledge of English? Yes  No

If your child has some knowledge of English, please indicate their ability in the box below:

Understands English    Slight                       Moderate                       Fluent

Speaks English            Slight                       Moderate                       Fluent

Reads English            Slight                       Moderate                       Fluent

Writes in English        Slight                       Moderate                       Fluent

### OTHER LANGUAGE BACKGROUND

Does your child have any knowledge of other language?    Y                      No

If yes, please state the language(s)? \_\_\_\_\_

Understands Other Language     Slight                       Moderate                       Fluent

Speaks Other Language             Slight                       Moderate                       Fluent

Reads Other Language             Slight                       Moderate                       Fluent

Writes in English                   Slight                       Moderate                       Fluent



# ENROLMENT DOCUMENTS: PERSONAL DATA OF PARENTS/GUARDIANS

**Father/Guardian 1**

Custody of child

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name/s

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Education

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Home phone

**Mother/Guardian 2**

Custody of child

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name/s

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Education

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Home phone

Please give an email address which we will use for sending all correspondence/newsletter.

\_\_\_\_\_  
Email address 1

\_\_\_\_\_  
Email address 2

## PARENTAL AUTHORITY

The information provided on this application reflects an accurate of the applicant, their academic and medical history. No information has been withheld.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of father/guardian 1

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of mother/guardian

# HIS ENROLMENT CONTRACT

## CONTRACTUAL PARTY

Healthy – Mind International School, Madina-Accra  
and

---

Surname of Parent/Guardian

First name/s of Parent/Guardian

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Street address, post code, town

## FINANCIAL REGULATIONS

### 1. Registration Fee(one-time)

We charge a one-time non-refundable fee per child upon enrolment. The registration fee includes the administrative costs for the admission of new students or for a re-admission after a minimum of a one-year absence from the school. The payment for the registration must accompany the signed application for admission and is due upon receipt of an invoice.

### 2. School Fees

School fees include costs for instruction, individual counseling. School fees do not cover coaching and cost of textbooks and external examinations. Costs incurred by third parties (e.g. lunch, after school activities etc.) and any after school activities, costs for excursions, class trips, sports uniform, etc. will be charged separately. The school management reserves the right to amend the amount and structure of the school fees. Changes, if any, will be communicated to parents by latest **30<sup>th</sup> May** every year and these new fees will be those which apply for the upcoming school year. Please see the accompanying document "**HIS Fee Structure**" for specific information on current yearly fees.

### 3. Taxes

If you are paying taxes in Ghana, the school fees will be deductible as special expenses.

### 4. Conditions of Payment

You have the option of payment by instalments or of **a single annual payment (by) which will attract a 5% discount**. If the single annual payment is not received by time of admission the payment will automatically revert to quarterly payments and the 5% discount revoked.

### 5. Terms of Payment

**The school fee which refers to the period can be paid annually or in terms.**

**Term payment due dates are: 10<sup>th</sup> to 16<sup>th</sup> August, 3<sup>rd</sup> January to 10<sup>th</sup> January, 3<sup>rd</sup> April to 10<sup>th</sup> April.**

Changes in the mode of payment are possible only at the beginning of a new academic year.

Other changes will only be permitted if parents/guardians agree to pay an extra fee to cover additional administrative costs.



If your company will be paying the invoices, please provide a written statement from the company which includes the exact address.

By signing the **HIS** Enrolment Contract, the parents/guardians agree to accept responsibility for school fees using the terms of payment as stated. Though parents/guardians may receive company support for school fees, this HIS Enrolment Contract is between the parents/guardians and the school and must be signed by the parents/guardians.

**10. Duration of the Contract**

The minimum contract period is one year, and it will be pro-longed automatically to the next school quarter. In accordance with paragraph 8(Eight) of this contract, the contract can be terminated anytime on a regular basis. The school year period is from mid of August to mid to June. The current school calendar is available online at [www.healthymindschool.net](http://www.healthymindschool.net) or from the HIS office: +233 055 139 9944/55.

**12, School Hours**

Our school starts at 8:00 am and ends at 1:00 pm for Pre-Schoolers and 2:00 pm for Primary Years. Parents, Guardians and Students are requested to be punctual arriving at school and children have to be picked up on time in the afternoon. If parents are late picking up their children in the afternoon, the office or class teacher(s) have to be informed.

**13.Absence**

The office has to be informed on the same day of student absence, ideally in the morning before 9:00 am. If a student is absent due to illness for more than three (3) days, a medical certificate must be provided. Absences for other reasons must be approved by the principal.

**14.Declaration**

The school takes no legal responsibility for services provided by third parties. The same applies for food and drinks provided by parents or third parties for school events and consumed on the school premises.

I (name)

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I understand and accept the conditions outlined in this enrolment contract.

I understand that the signed HIS Enrolment Contract does not oblige the school to accept my child/ward. However, once the administration has accepted my child/ward, a contract is deemed to exist between the school and the parents/guardians.

I/We certify that I/We have received, read and understand the Confirmation of Policy Receipt Form:

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Place, Date

Signature of mother/guardian

Signature of father/guardian

# HIS Fee Structure 2021/2022

## ANNUAL SCHOOL FEES IN USD OR EQUIVALENT IN GHS

|                  |           |
|------------------|-----------|
| Playground       | 4,500 USD |
| Nursery          | 4,500 USD |
| Reception        | 4,500 USD |
| Year 1 TO 6      | 6,000 USD |
| REGISTRATION FEE | 1,500 USD |

School fees include costs for instruction, individual counseling. School fees do not cover the transportation, cost of textbooks and external examinations.

Cost incurred by third-parties (e.g., lunch, after school activities.) and any after school services, costs for excursions, class trips, sports uniform, etc. will be charged separately.

The school management reserves the right to amend the amount and the structure of the school fees. Changes, if any, will be communicated to parents in the month of **May every year**.

# Instructions on Data Processing

## 1. Name and Contact details of the data controller and the in-house Data Protection Coordinator

This data protection information applies to the processing of data by:

Healthy-Mind International School  
GP2066, GPO, Gt. Accra – Ghana  
Madina

The In-House Data Protection Personnel of Healthy-Mind International School can be contacted at the above address, for the attention of the IT Head or by email: [info@healthymindschool.net](mailto:info@healthymindschool.net)

## 2. Collection and storage of personal data as well as type and purpose of use

Drawing up the school contract we collect the following information:

### Applicant's Data:

- First name, Surname
- Sex – male or female
- Date of Birth
- Place of Birth
- Nationality
- Postal Address
- Telephone number (landline and/or mobile)
- Email
- First and second languages spoken
- English language background
- Last two schools attended (name of school, dates attended, Year level completed, country, telephone and email)
- Siblings' information (name, date of birth)
- Information on general health and academic ability (information on physical disabilities, illness, severe allergies, problems with vision or hearing, special eating requirements or restrictions, diagnosed learning difficulties and special needs or gifted and talented requirements)
- Photo and data release

### Additional Applicant's Data (collected prior to Enrollment)

- Religion
- Native language
- Email
- Language(s) spoken at home
- Last three schools attended
- **HIS** family contract list

### Parent's Data

- Custody of child
- First name, surname
- Date of Birth
- Nationality
- Postal address
- Education
- Employer
- Telephone number (Business phone/mobile phone/home phone)
- A valid e-mail addresses
- Emergency contact details

### Additional Parent's Data (collected prior to completion Full admission Process)

- Occupation
- Employer's address
- Company fax and email

The data is collected for the following purposes:

- to be able to identify you as our contractual partners;
- to correspond with you;
- to invoice you;
- to generally process the school contract;

The data is processed following your enquiry and is, according to the school policy article), required for the above-mentioned purposes in order to ensure appropriate supervision and the mutual fulfillment of obligations arising from the school contract.

The personal data collected by us will be stored until two years after the child has left the school and thereafter unless, in accordance with obligations arising from educational laws. Exception being school reports, which will be kept for a period of 10 years.

### 3. Passing on data to third parties

The transmission of your personal data to third parties for purposes other than those listed below will not take place.

If you want to make use of your right to object, you simply need to send an email to [info@healthymindschool.net](mailto:info@healthymindschool.net)

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Place, date

Signature of parent

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Place, date

Signature of student (if the student is 16 years or older)

# Declaration of Consent to the use of Photographs

between

**Healthy-Mind International School**

and

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First name/s of Student      Surname of Student

## 1.Purpose

Publication on our website [www.healthymindschool.net](http://www.healthymindschool.net) and/or social media platforms; including Facebook, to show school events.

**Publication within our school newsletters and Yearbook**

## 2.Consent

The undersigned gives his/her consent to the use of his/her photographs, free of charge, for the above-mentioned purposes. The use of photographs for other purposes than those described or passing them on to third parties for circulation is not permitted.

Consent is given voluntarily. A refusal to consent will have no negative consequences. Consent may be withdrawn at any time with effect for the future. If you want to make use of your right of withdrawal or objection, simply send an email to

[info@healthymindschool.net](mailto:info@healthymindschool.net)

---

Place, date

Signature of parent

---

Place, date

Signature of student (if the student is 16 years or older)

## Consequences:

As the aim of this agreement is to reinforce respectful behavior in our Learning community (Learning partners, mentors and others), consequences will be centered on behavior information.

- **HIS** will keep an incident book in which all forms of disruptive, destructive and disrespectful behaviors will be recorded so that all mentors are informed and in order to facilitate follow-up of problems.
- Mentors/Head of school will invite Learning Partners to think of solutions to the problem(s) that has/have been identified or reported. LP's will have to reflect on their misbehavior, how it affected others and talk about goals and strategies that will help them change their behavior into a more positive/acceptable one. In certain circumstances, the school director may recommend that parents should be encouraged to seek the advice of an external, professional child or clinical psychologist.
- For behaviors that are consistently disrespectful and destructive. **HIS** may exclude the person for some time from school (1 to 3 days) or expel that person.



---

Place, date

---

Signature of parent

---

Place, date

---

Signature of student (if the student is 16 years or older)

## Authorization of External Examinations

### AUTHORIZATION AS INDEPENDENT PRIVATE SCHOOL IN ACCORDANCE WITH EXTERNAL EXAMINATIONS

In accordance with the Law on Private School that is applicable in Ghana, HIS is an independent private school that accepts pupils from Playground to Year 6 fulfilling their obligation to regularly attend school because the courses offered at our school match those provided by comparable state schools and IB.

In addition to the IB curriculum, HIS wants to meet the GES educational standards for secondary schools' type 1. Our students do not receive their final qualifications automatically. In order to complete their education, our students need to sit for external examinations that are carried out by the relevant examining Boards/ Authorities as mandated. The Education Ministry of Ghana recognizes that we prepare our students for these examinations as required.

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Place, date

---

Signature of parent

# Confirmation Receipt of School Policy Documents

Dear Parents/Guardians,

As part of our enrolment procedure at HIS, we request that you acknowledge receipt of some key policy documents. It is important that you read these documents carefully, and ask for clarification where necessary before completing the enrolment procedure

This form must be returned to the HIS office with your HIS Enrollment Contract in order to complete your child's enrolment at HIS.

I have received the following information:

| Name of the document    |
|-------------------------|
| Admissions Policy       |
| Inclusion Policy        |
| Assessment Policy       |
| Language Policy         |
| Child Protection Policy |
| Academic Honesty Policy |

I have received, read, understood and accepted the above documents and also noted and understood the rules on copyright relating to student's materials submitted to the IB for assessment as provided under article 4 of the General regulations:

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of father/guardian 1

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of mother/guardian 2

**NURSERY AGE (3.6) – GRADE FIVE RECOMMENDATION FORM**

The student listed below has applied to join our school community. We thank you in advance for completing this **CONFIDENTIAL** form. Please submit it directly to our Admissions department (.....)

Name of the student: \_\_\_\_\_ Current grade level: \_\_\_\_\_  
 Applying for Grade: \_\_\_\_\_

Name of the person completing the form: \_\_\_\_\_  
 Title: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)  
 \_\_\_\_\_ day(s) \_\_\_\_\_

In what capacity? Classroom teacher  Counselor  Principal  Other   
 \_\_\_\_\_

Please note, as an international school, we have students coming from a variety of school systems whereby the age of enrollment and school years differ greatly. As such the guideline we have for grade level placement, based on date of birth, are very much an initial guideline. For further details, please refer to: **Grade Level Placement Information**

Based on your professional judgment, please check the column which best describes the student with regards to the following personal qualities and classroom behavior:

| The student ....                                    | Age of strength | Age appropriate | Progressing | Area of concern | N/A |
|---|-----------------|-----------------|-------------|-----------------|-----|
| .... exhibits emotional maturity                    |                 |                 |             |                 |     |
| .... Takes risks/ is self-confident                 |                 |                 |             |                 |     |
| .... is adaptable to change                         |                 |                 |             |                 |     |
| .... is motivated                                   |                 |                 |             |                 |     |
| .... exhibits perseverance                          |                 |                 |             |                 |     |
| .... is able to attend (maintain focus)             |                 |                 |             |                 |     |
| .... is able to work independently                  |                 |                 |             |                 |     |
| .... is able to get along with others               |                 |                 |             |                 |     |
| .... seeks help when needed                         |                 |                 |             |                 |     |
| .... works cooperatively                            |                 |                 |             |                 |     |
| .... responds appropriately to feedback from peers  |                 |                 |             |                 |     |
| .... responds appropriately to feedback from adults |                 |                 |             |                 |     |

**Please write a short descriptive assessment of the student with regard to the following:**

Social skills

---

---

School readiness skills/ academic strengths

---

---

Academic areas of challenge

---

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Additional pertinent information

(i.e. strategies to support the student in the classroom and/or to support transition to a new school environment)

---

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*Please feel free to write on a separate sheet if necessary*

**ENGLISH AS AN ADDITIONAL LANGUAGE(EAL)**

- Does the student speak additional language(s)? Yes  No
- If yes, please indicate the student's level of **ENGLISH PROFICIENCY** in the following areas.

|            |                                   |                                       |                                   |                                 |                                  |
|------------|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| Listening: | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> | Fluent <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Speaking:  | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> | Fluent <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Reading:   | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> | Fluent <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Writing:   | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> | Fluent <input type="checkbox"/> | Unknown <input type="checkbox"/> |

**Does the student receive English language support?**

At school? Yes  No  Hours per week \_\_\_\_\_

Out of school? Yes  No  Hours per week \_\_\_\_\_

## SUPPORT SERVICES (in/out of school):

Please check the appropriate box if the student has received additional support

Learning Support    Reading     Speech  Therapy  Counseling

Behavioral Support     Occupational Therapy     Other  \_\_\_\_\_  
\_\_\_\_\_

Please check to indicate if you would like to discuss the candidate over the phone.

Yes     No     If yes, please indicate the best time to call  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

School name:  
\_\_\_\_\_

School website: \_\_\_\_\_ School phone number: **0551399944**

Signature: \_\_\_\_\_ Date: (DD/MM/YY) \_\_\_\_\_

**HEALTH RECORD FROM A LICENSED PHYSICIAN (PLEASE PRINT)**

**STUDENT'S FULL NAME**

1. Height \_\_\_\_\_ Weight \_\_\_\_\_
2. Development \_\_\_\_\_
3. Vision
  - a) Wears glasses Yes  No
  - b) Visual acuity Left \_\_\_\_\_/20 or \_\_\_\_\_/6 Right \_\_\_\_\_/20 or \_\_\_\_\_/6
  - c) Color blindness Left \_\_\_\_\_ Right \_\_\_\_\_
  - d) Pupil Reaction Left \_\_\_\_\_ Right \_\_\_\_\_
  - e) Convergence Left \_\_\_\_\_ Right \_\_\_\_\_
4. Hearing Left \_\_\_\_\_ Right \_\_\_\_\_
5. Teeth
  - a) Permanent \_\_\_\_\_
  - b) Deciduous \_\_\_\_\_
  - c) Dental care required \_\_\_\_\_
6. Nose \_\_\_\_\_
7. Throat: Lymph Nodes \_\_\_\_\_
8. Lungs \_\_\_\_\_
9. Heart
  - a) Sound \_\_\_\_\_
  - b) Rhythm \_\_\_\_\_
  - c) Rate \_\_\_\_\_
  - d) Murmurs \_\_\_\_\_
  - e) Blood pressure \_\_\_\_\_
10. Abdomen \_\_\_\_\_
11. Urogenital \_\_\_\_\_
12. Extremities \_\_\_\_\_
13. Posture \_\_\_\_\_

a) Spine

b) Feet

c) Scoliosis

14. Reflexes

**Significant Other Notations and Recommendations of Physician:**

Physician's Name: \_\_\_\_\_

**Address:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tel/ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

## HEALTH RECORD FROM PARENT/LEGAL GUARDIAN

This form is to be completed by parent/ legal guardian

PLEASE COMPLETE THIS SECTION PRIOR TO YOUR PHYSICAL EXAMINATION WITH A DOCTOR

STUDENT'S FULL NAME

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Name of Father/ Step- Father/ Legal Guardian:

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Occupation: \_\_\_\_\_ Tel/Mobile No: \_\_\_\_\_

Name of Mother/ Step-Mother/ Legal Guardian:

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Occupation: \_\_\_\_\_ Tel/Mobile No: \_\_\_\_\_

### IMMUNIZATION INFORMATION

#### Hepatitis A and B

Date Last Completed: \_\_\_\_\_

#### Meningococcal (MCV)

Date Last Completed: \_\_\_\_\_

#### Varicella (chicken pox)

Date Last Completed: \_\_\_\_\_

#### HPV

Date Last Completed: \_\_\_\_\_

#### BCG

Date Last Completed: \_\_\_\_\_

#### Others

Date Last Completed: \_\_\_\_\_

#### DPT

Date Last Completed: \_\_\_\_\_

#### MMR

Date Last Completed: \_\_\_\_\_

#### Polio (IPV or OPV)

Date Last Completed: \_\_\_\_\_

\* For new admission, HIS requires a copy of the latest record of DPT, MMR and Polio immunizations

### DOES YOUR CHILD HAVE A HISTORY OF ANY MEDICAL CONCERNS REGARDING THE FOLLOWING?

- |   |        |
|---|--------|
| 1. Neurological Conditions (Seizures, Headaches, Syncope) | YES/NO |
| 2. Heart Problems (Rhythm & Sounds)                       | YES/NO |
| 3. Breathing or Lungs (Asthma, TB, Cystic Fibrosis)       | YES/NO |
| 4. Muscles, Joints, Bones                                 | YES/NO |
| 5. Epilepsy   | YES/NO |
| 6. Phobias  | YES/NO |
| 7. Stomach, Digestion                                     | YES/NO |
| 8. Skin Problems (Eczema, Rashes, Scars, Psoriasis)       | YES/NO |
| 9. Kidney, Bladder  | YES/NO |
| 10. Attention Deficit Hyperactive Disorder (ADD/ADHD)     | YES/NO |
| 11. Vision/Eyes   | YES/NO |
| 12. Endocrinology/ Hormonal (i.e. Diabetes, Thyroid)      | YES/NO |
| 13. Mouth (i.e. Teeth, Gums, Braces)                      | YES/NO |



- 14. Ears (i.e. Infections, Grommets, Hearing) YES/NO
- 15. Blood Disorders (Anemia, G6PD, Hemophilia) YES/NO
- 16. Gynecological YES/NO
- 17. Psychological/ Developmental (i.e. Depression, Bipolar, Anxiety) YES/NO
- 18. Nutritional Status (i.e. Over/ Under weight, Eating disorder) YES/NO
- 19. Hospitalizations/ Surgeries YES/NO
- 20. Allergies (If yes, please fill up next page) YES/NO
- 21. Others: \_\_\_\_\_ YES/NO

If you have marked **YES** to any of the above, please provide details and include dates:

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List any allergies and describe reaction(s) and treatment for reaction(s):

| ALLERGY | REACTION | TREATMENT |
|---------|----------|-----------|
|         |          |           |
|         |          |           |
|         |          |           |

Prescription medications the student is taking on a regular basis:

| NAME OF MEDICATION | DOSAGE | FREQUENCY | PURPOSE |
|--------------------|--------|-----------|---------|
|                    |        |           |         |
|                    |        |           |         |
|                    |        |           |         |
|                    |        |           |         |

**CONSENT TO HELP ADMINISTER MEDICATIONS**

All medications, whether they are prescription or over – the – counter, must be dispensed from the Health Office. With the exception of asthma inhalers, students are not allowed to carry any medication with them on campus. If you would like the school to administer medication during the day, please notify the Health Office in advance. This notification needs to be done in person and in writing. All medication needs to be dropped by the parents or guardian. The details in regards to dosage and frequency must be stated.

The following over-the-counter medications must NOT be given to my child. Please mark with an (X).

*Note: Parents of Elementary School students will be called prior to giving any medication*

| MEDICATION                   | REASON |
|------------------------------|--------|
| Panadol for Colds, Headaches |        |
| Panadol for Menstrual Pains  |        |
| Throat Lozenges              |        |
| Maalox                       |        |
| Antihistamine                |        |
| Cough Syrup                  |        |
| Ibuprofen                    |        |
| Others (Specify Names)       |        |

**Signature of Parent/ Step – Parent/ Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_