

OPERATION AND STAFF MANAGEMENT

**SHAPE INTERNATIONAL SCHOOL CANADIAN SECTION ENROLMENT
PROCEDURES**



**SHAPE INTERNATIONAL SCHOOL CANADIAN SECTION
MEDICAL EXAM / SCHOOL HEALTH RECORD**

(Date)

All new incoming students to the Canadian Section must have a complete medical examination done before school begins.

Please schedule your appointment now to avoid school restrictions.

Principal
Canadian Section



**SHAPE INTERNATIONAL SCHOOL CANADIAN SECTION
SCHOOL HEALTH RECORD**

In accordance with National Data Protection Requirements, SHAPE International School will collect, use, protect and retain the information on this form in connection with all matters relating to our personnel administration and policies.

Student's Name:		Teacher:	Year Group:
Date of Birth:	Male/Female	Medical Center/DR:	
Sponsor:		APO/BFPO/CFPO:	
Nationality:	Rank:		
Home Address:		Work Unit Address:	
Home Telephone:			
Work Telephone/Mother:		Work Telephone/Father:	
Emergency Telephone:		Name of Emergency Contact:	
	Remarks	Date	
Allergies			
Asthma			
Epilepsy/Convulsions			
Pregnancy Problems			
Heart Problems			
Hearing Problems			
Eyesight/Glasses/Lenses			
Kidney/Bladder/Toilet Training			
Sleeping Problems			
Co-ordination			
Growth Problems			
Item	Dates of Immunization		
Triple (DPT)			
Tetanus Diphtheria			
Whooping Cough			
Poliomyelitis (OPV)			
Haemophilus Influenza (HIB)			
Meningitis C			
MMR (Mumps, Measles, Rubella)			
Chickenpox			
Hepatitis A			
Hepatitis B			
Preschooler Booster			
Rubella			
Hearing Test			
PPD/TD Tine			

OSAP 200.03.8 ANNEX E - ADMISSION

Student's Name _____

SCHOOL HEALTH RECORD

Section 1, 2, 3 and 4 for health professional use

1. Growth Record								Referral
Date								
Height								
Height Centile								
Weight								
Weight Centile								
Tested by:								

2. Vision								Referral
Without Glasses	Date							
	Right							
	Left							
	Both							
With Glasses	Right							
	Left							
	Both							
Tested by:								

3. Hearing										Referral
Date										
Hz	Right	Left	Right	Left	Right	Left	Right	Left		
250										
500										
1000										
2000										
3000										
4000										
6000										
8000										
Tested by:										

Date	Health Comments (for professional, parent, or specialist)	Name and Title

Privacy Act Statement

AUTHORITY: To record pertinent data concerning student health.

ROUTINE USES: A) Information and health history from parents are entered; B) Screening test results are entered at time of examination; C) Student visits, consultations with parents, school personnel and other appropriate individuals are recorded; D) Primary users of this form are professional dependants schools and trained medical personnel.

Occasionally it is necessary to disclose all or some data to protective services or similar health and education agencies;

E) When child is transferred this record is given to the parent for delivery to the next school. F) Social Insurance Number of the sponsor is required by military medical facilities in case of emergency referral.

MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Voluntary – Without this information school personnel will not be able to provide appropriate education and health services.

Parent or Guardian Signature _____ Date _____ Rotation/Posting _____