

**OPERATION AND STAFF MANAGEMENT**

**AFNORTH INTERNATIONAL SCHOOL - CANADIAN SECTION ENROLMENT PROCEDURES**



**AFNORTH INTERNATIONAL SCHOOL  
SCHOOL HEALTH RECORD**

In accordance with National Data Protection Requirements, AFNORTH 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:	
	<b>Remarks</b>	<b>Date</b>	
Allergies			
Asthma			
Epilepsy/Convulsions			
Pregnancy Problems			
Heart Problems			
Hearing Problems			
Eyesight/Glasses/Lenses			
Kidney/Bladder/Toilet Training			
Sleeping Problems			
Co-ordination			
Growth Problems			
<b>Item</b>	<b>Dates of Immunization</b>		
Triple (DPT)			
Tetanus Diphtheria			
Whooping Cough			
Poliomyelitis (OPV)			
Haemophilus Influenza (HIB)			
Meningitis C			
MMR (Mumps, Measles, Rubella)			
Chickenpox			
Hepatitis A			
Hepatitis B			

**OSAP 200.03.6 ANNEX D**

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Preschooler Booster						
Rubella						
Hearing Test						
PPD/TD Tine						

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
Date								
Without Glasses	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 \_\_\_\_\_