

For office use only
Entry grade level:



PHYSICAL EXAMINATION FORM (New Student)

To the student's parent:

This form must be completed by a qualified, licensed health care provider.

The examination should be done and the form completed no more than 12 months prior to the first day of attendance at ASW. **The form must be on file at ASW before the student can be authorized to start school.**

Information about the student's health and medical history will be kept confidential at the school's Nurse's Office.

Student Last (Family) Name: _____ First Name: _____

Date of Birth: _____ (D/M/Y) Male Female

1. Health assessment

BP: _____ Height (in cm): _____ Weight (in cm): _____

Vision: (R) _____ (L) _____ Hearing: (R) _____ (L) _____

2. Physical examination

	Normal	Abnormal	Comments
Skin			
Eyes			
Ears, Nose & Throat (incl. Teeth)			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Vascular System			
Neurological (incl. reflexes)			

6. Data Protection

American School of Warsaw with its seat in Bielawa, ul. Warszawska 202, 05-520 Konstancin-Jeziorna, Poland, is a data controller in relation to the personal data covered by this form. Data shall be processed for purposes of facilitating the enrolment process and the student's participation in school sports, athletics and activities. Parents have the right to access and correct the data. Providing the data is voluntary, though necessary for the student to participate in school sports, athletics and activities.

7. Certification

Signature of Medical Provider: _____

Printed name of Medical Provider: _____

Position or Title: _____

Date: _____

Please provide the official stamp or seal of the doctor, clinic or medical facility in the area to the right.

Official Stamp or Seal

Official Stamp or Seal

TUBERCULOSIS SCREENING FORM (New Student)



Student Last (Family) Name: _____

Student First Name: _____

Date of Birth (D/M/Y): _____

Important Information about TB (Tuberculosis Testing Requirement)

Tuberculosis is not uncommon in many parts of the world including Poland. It is usually transmitted by droplet (coughing, spitting, and sneezing).

To become infected, close prolonged contact with a diseased person is generally required. Unfortunately, it is not always possible to detect infected persons by their appearance alone, since they look and feel perfectly well.

To protect our students from Tuberculosis, all newly admitted students are required to submit proof that they have a negative screen for Tuberculosis. The screening test done should be discussed with physician to determine the best screening test for the student. One of the following tests must be done (not more than 12 months prior to enrollment):

• Mantoux Skin test Positive Negative Date (D/M/Y): _____
 Induration in mm: _____

• Tuberculosis IGRA-Interferon-Gamma Release Assays test
 Positive Negative Date (D/M/Y): _____

• Chest X-ray Positive Negative Date (D/M/Y): _____
 Result: _____

If the screening test is positive or suggestive of Tuberculosis, the student must see an Infectious Diseases Physician and provide a medical certificate stating they do not have active Tuberculosis and are not contagious to others. Please also indicate if they have commenced treatment for Tuberculosis. _____

TB screening is not required if your child has been vaccinated with BCG (Bacille Calmette Guerin Vaccination) within the past 7 years:

• BCG -- Date given (D/M/Y): _____

Certification

Signature of Medical Provider: _____ Date (D/M/Y): _____

Printed name of Medical Provider: _____

Position or Title: _____

Official Stamp or Seal

Please provide the official stamp or seal of the doctor, clinic or medical facility in the area to the right.