



ACST MEDICAL EXAMINATION FORM

- This required form has consolidated the school physicals for all student applicants, returning students, and student athletes.
- This form is to be completed in full and signed by a parent and physician **before** a student attends classes or participates in any activity.
- This form may be completed in your home country but may not be dated any earlier than six months prior to the start of the school term.
- **ACST reserves the right to withhold a student from classes and activities until this form is completed in full and returned to the Nurse's office.**
- Parents, please make a copy of the completed form for your records.

attach
student
photo

PERSONAL AND CONTACT INFORMATION

STUDENT NAME

DATE OF BIRTH	GRADE	SEX: M F
NAME OF MOTHER/GUARDIAN 1	NAME OF FATHER/GUARDIAN 2	

ADDRESS IN TUNISIA

	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE
MOTHER/GUARDIAN 1			
FATHER/GUARDIAN 2			

NAME OF PHYSICIAN IN TUNISIA

PHYSICIAN PHONE NUMBER

EMERGENCY CONTACT NAME

RELATIONSHIP	PHONE
---------------------	--------------

MEDICAL HISTORY *to be filled out by a physician*

HEALTH HISTORY	YES	NO	ALLERGIES:	
CHRONIC ILLNESS			TREATMENT:	
HOSPITALIZATION			HEIGHT (cm)	
SURGERY			WEIGHT (kg)	
MIGRAINES/HEADACHES			YES NO	
DIZZINESS/FAINTING			GLASSES	
SEIZURES/CONVULSION			HEARING AID	
CONCUSSION			DENTAL/BRACES	
RESPIRATORY/ASTHMA			SPINE	
HEART			BEHAVIORAL/EMOTIONAL CONCERNS:	
KIDNEY/BLADDER				
GI/ABDOMEN			DAILY OR EMERGENCY MEDICATIONS:	
SKIN				
ORTHOPEDIC/JOINTS				

SUMMARY OF ANY YES ANSWERS OR ABNORMAL FINDINGS:

PHYSICAL EDUCATION PARTICIPATION APPROVED	YES	NO
COMPETITIVE SPORTS PARTICIPATION APPROVED	YES	NO

LIMITATIONS:

PHYSICIAN SIGNATURE

DATE AND STAMP:

IMMUNIZATION HISTORY: please fill in the date, mm/yy, the immunizations were given (photo copy of immunization card preferred)

THE IMMUNIZATIONS LISTED BELOW ARE MANDATORY FOR ADMISSION TO ACST

REMARKS

DPT*							
TETANUS							
POLIO							
MEASLES*							
MUMPS*							
RUBELLA*							
HEPATITIS B							
Optional:							
CHICKEN POX							
BCG							

*DPT: DIPHTHERIA, PERTUSSIS, AND TETANUS ALSO KNOWN AS DTaP OR TDaP

*MEASLES, MUMPS, AND RUBELLA MAY BE GIVEN AS THE COMBINED VACCINE MMR

IF YOUR CHILD'S IMMUNIZATION RECORDS HAVE BEEN LOST, WE REQUIRE THE FOLLOWING BOOSTER VACCINES BE ADMINISTERED: DTaP OR TDaP, POLIO, MMR, AND HEPATITIS B.

A PHYSICIANS LETTER WILL BE REQUIRED VERIFYING THE ADMINISTRATION OF THE VACCINES.

STUDENTS ARE NOT ALLOWED TO CARRY MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER, IN THEIR PERSONAL BELONGINGS WHILE AT SCHOOL. IF YOUR CHILD NEEDS TO TAKE MEDICATIONS, OTHER THAN THOSE LISTED BELOW DURING THE SCHOOL DAY, PLEASE COMPLETE AND RETURN TO THE SCHOOL NURSE, THE MEDICATION AUTHORIZATION FORM FOUND ON THE ACST SCHOOL NURSE WEBSITE.

MEDICATION AUTHORIZATION:

please indicate yes or no next to each medication that may be given by the school nurse to your child during the school day

MEDICATION	YES	NO	USED TO TREAT
IBUPROFEN			NON-ASPIRIN PAIN RELIEVER, ANTI-INFLAMMATORY
ACETAMINOPHEN			NON-ASPIRIN PAIN RELIEVER, FEVER REDUCER
ANTACID			RELIEVES STOMACH UPSET AND GAS PAINS
COUGH SYRUP			NON-DROWSY COUGH RELIEF
THROAT LOZENGE			SORE THROAT RELIEF
ANTI-HISTAMINE			NON-DROWSY ALLERGY RELIEF
DECONGESTANT			NON-DROWSY RELIEF FOR NASAL CONGESTION

EMERGENCY TREATMENT AUTHORIZATION

IN THE EVENT OF AN EMERGENCY WHEN IMMEDIATE OBSERVATION OR TREATMENT IS DEEMED NECESSARY IN THE JUDGEMENT OF THE SCHOOL NURSE/AUTHORITIES, I AUTHORIZE AND DIRECT THE SCHOOL TO SEND MY CHILD TO THE MEDICAL FACILITY MOST READILY ACCESSIBLE. I SHALL NOT HOLD ACST OR THE SCHOOL AUTHORITIES LIABLE FOR ANY EXPENSES, CLAIMS, LOSS OR DAMAGE THAT MAY ARISE AS A RESULT OF SUCH ACTION AND SHALL INDEMNIFY THE SCHOOL FOR ALL EXPENSES, LOSSES, AND CLAIMS INCURRED BY IT IN RELATION TO SUCH ACTION.

PARENT/GUARDIAN SIGNATURE:

DATE:

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL NURSE IN WRITING OF ANY CHANGES TO THE INFORMATION GIVEN IN THIS FORM e.g. change of address, telephone number, physical condition or medications, or emergency contact.