INTERNATIONAL SCHOOL OF BUCHAREST

MEDICAL FORM RAPORT MEDICAL

CHILD DETAILS to be completed by parent/guardian
INFORMATII COPIL se va completa de catre parinte/tutore

First Name *Prenume*

Surname *Nume*

Date of Birth *Data Nasterii*

Day *Ziua* | Month *Luna* | Year *Anul*

Gender *Sexul*

Male *Masculin* | Female *Feminin*

Religion *Religie*

Mother's Name *Nume Mama*

Mother's Mobile *Nr. tel. mobil al mamei*

Mother's Work Address *Adresa de serviciu a mamei*

Father's Name *Nume Tata*

Father's Mobile *Nr. tel. mobil al tatalui*

Father's Work Address *Adresa de serviciu a tatalui*

Emergency Contact Number *Nr. pt. urgenta*

Does your child take regular medication? If yes, please give details
Copilului dvs. I se administreaza o medicatie in mod regulat? Daca da, va rugam detaliati

No *Nu* | Yes *Da*

Will medication be necessary during school time? If yes, please fill in the attached consent form and return with medication
Administrarea medicatiei este necesara in timpul programului scolar? Daca da, va rugam completati formularul de accept si returnati-l scolii

No *Nu* | Yes *Da*

Does your child have any allergies? If Yes, please give details
Copilul dvs. sufera de alergii? Daca da, va rugam detaliati

No *Nu* | Yes *Da*

Does your child have any special medical problems that the school should know about, especially in case of emergency?
If Yes, please give details
Copilul dvs. are o problema deosebita de care scoala trebuie informata, in special in situatii de urgenta?
Daca da,va rugam detaliati

No *Nu* | Yes *Da*

CONSENT TO TREATMENT AT SCHOOL
CONSIMTAMANT DE ACORDARE A TRATAMENTULUI NECESAR LA SCOALA

I consent to my child (as named above) receiving necessary medication and/or First Aid at the school in the first instance and/or arrangements being made, in an emergency, for my child to receive initial treatment at a clinic/hospital of the school's choice.
Sunt de acord ca elevului (numit mai sus) sa i se administreze medicatia necesara si/sau primul ajutor in scoala ca prima actiune si/sau sa se ia masurile necesare, in caz de urgenta, ca elevul sa primeasca tratamentul de urgenta la o unitate spitaliceasca la alegerea scolii.

Date *Data*

Signature *Semnatura*

PHYSICAL EXAMINATION to be completed by doctor
CONTROL MEDICAL se va completa de catre medic

Child's Surname *Nume Copil*	
Child's First Name *Prenume Copil*	
Height *Inaltime*	**Comments** *Comentarii*
Weight *Gretutate*	**Birth Weight** *Greutate la nastere*
Development *Dezvoltare*	**Comments** *Comentarii*
Eyes: Vision (with/without glasses) *Acuitate vizuala (cu/fara chelari)*	*Right* Dreapta / *Left* Stanga
Ears: Hearing *Acuitate auditiva*	*Right* Dreapta / *Left* Stanga
Skin *Tegument*	
Mouth *Gura (mucoase)*	
Teeth: Permanent/Deciduous *Dentitie*	
Nose *Nas*	
Throat: Lymph Nose *Faringe: ganglioni limfatici*	
Lungs *Aparat respirator*	
Heart *Aparat cardiovascular*	*Size* Marime / *Sounds* Zgomot / *Rhythm* Ritim / *Rate* Frecventa / *Murmurs* Murmur
Abdomen *Abdomen*	
Genital *Aparat Genital*	
Extremities *Extremitati*	
Posture *Coloana vertebrala*	*Spine* Coloane / *Feet* Membre inf.
Reflexes *Reflexe*	
Throat Swap *Rezultat exudat faringian*	

IMMUNISATION/HEALTH HISTORY
ISTORICUL VACCINARILOR

Please attach immunization records or fill in the table below
Va rugam sa atasati copia carnetului de vaccinari sau sa completati tabelul de mai jos

IMMUNIZATION *VACCINARI*

	DATES *DATA*					
DTP: Diptheria, Tetanus, Pertussis						
DT: Diptheria, Tetanus						
Hib: Haemophilus Influenzae b						
MMR: Measles, Mumps, Rubella *ROR: Rujeola, Oreion, Rubeola*						
OPV: Oral Polio Vaccine *Antipoliomielita*						
Meningitis: (please specify which one) *Meningita: (va rugam specificati tipul)*						
Hepatitis B						
Tuberculin Test (Heaf/ Mantoux)						
BCG: TB Immunization						
Other (please specify) *Altele (va rugam sa specificati)*						

Has your child had any of the following?
If yes, please tick the appropriate boxes and give further comments below or attach a letter giving full details
Copilul dvs. a avut oricare dintre urmatoarele?
Daca da, va rugam sa bifati oricare dintre casutele de mai jos si sa oferiti comentarii sau sa atasati o scrisoare cu detalii complete

Pox Varicela		Measles Pojar		Chicken Mumps Oreion		Whooping Cough Tuse Convulsiva		Allergies Alergie		Asthma Astm	
Eczema Eczema		Rheumatic fever Reumatism		Hospitalisations Spitalizari		Hearing problems Probleme de auz		Speech difficulties Dificultati de vorbire		Epilepsy Epilepsie	
Family history of Tuberculosis Antecedente de TBC in familie		Orthopaedic problems Probleme ortopedice		Coordination Problems Probleme de Coordonare		Surgical procedures Proceduri chirurgicale		Concentration problems Probleme de concentrare			

Other serious illness
Alte boli grave

RECCOMENDATIONS FOR PHYSICAL ACTIVITY IN SCHOOL
RECOMANDARI PENTRU ACTIVITATEA FIZICA IN SCOALA

Please tick boxes and comment where appropriate
Va rugam sa bifati casutele si sa adaugati comentarii, acolo unde este cazul

☐ *Full physical activity, including swimming and gymnastics with normal supervision*
Activitate fizica completa, inclusiv inot si gimnastica, sub supraveghere

☐ *Modified physical activity, due to the reasons stated below*
Activitate fizica modificate, din urmatoarele motive

☐ *Modifications in pupil's programme or limitation*
Modificari in programul elevului sau limitari

Please attach copies of investigation reports where possible
Va rugam sa atasati copii ale recomandarilor medicale, acolo unde este posibil

EPIDEMIOLOGICAL NOTICE
AVIZ EPIDEMIOLOGIC

The child is clinically healthy to attend the school
Copilul este apt pentru frecventarea scolii

Yes *Da* ☐ *No* *Nu* ☐

Address/Contact details of Doctor
Adresa/Detalii de contact ale Medicului

Date
Data

Signature & stamp of doctor
Semnatura si stampila medicului

International School of Bucharest
1R Gara Catelu str., Sect. 3
032991, Bucharest
+40(21) 306 95 30
addmisions@isb.ro