Medical Questionnaire

To be completed by parent/guardian(s) for applicants in all grades. This questionnaire also includes a form that must be completed by the child's physician. **Please note that the Doctor's Form must be dated as of 1 January or later for the upcoming school year.** Students in the Primary School will require a completed Doctor's Form for each academic year; in Secondary School, an updated Doctor's Form is required every two years. For a list of English-speaking physicians in the Ile-de-France region, please contact Admissions.

ISP has two full-time nurses on staff, who are availabe to help answer questions, as needed, before and throughout the academic year. These individuals can be reached at ispnurse@isparis.edu.

In the event of a serious accident or emergency, your child will be taken to the hospital. The school will immediately contact the parents, and any other designated emergency contact person as necessary.

If your child has a serious medical issue which requires specific management, an Individualized Health Plan (IHP) may need to be put in place. If you already have such a plan, please submit a copy with your application or your updated Doctor's Form.

Please kindly note that French law requires all children to be vaccinated against diphtheria, tetanus and polio in their first year, with a mandatory booster one year later. From then on, a polio booster alone is required every 5 years until the age of 13. **A child may not attend school who has not been vaccinated for diptheria, tetanus and polio.**

Applicant's full name :											
Grade applying for:											
Has your child ever had any of the following? Please check any box(es), as applicable.											
Chicken Pox	☐	**Measles**	☐	**Mumps**	☐	**German Measles**	☐	**Tuberculosis**	☐	**Scarlet Fever**	☐
Please provide any further information, as necessary:											

Headaches	☐	If so, please give details:
Earaches	☐	If so, please give details:
Stomach aches/pains	☐	If so, please give details:
Severe allergies	☐	If so, please give details:
EpiPen	☐	If so, please give details:
Diabetes	☐	If so, please give details:
Asthma	☐	If so, please give details:
Epilepsy/seizures/convulsions	☐	If so, please give details:
Serious injury/surgery	☐	If so, please give details:

Attention Deficit and Hyperactivity Disorder	☐	If so, please give details:
Other	☐	If so, please give details:
Is your child currently receiving any medical treatment?	☐	If so, please give details (including dosage):
Is he/she required to receive this treatment in school time?	☐	If so, ISP must be provided with the doctor's prescription and the medicine in its original box.
Please provide any other information regarding your child's health in the space below. **If any new and important information arises after completing this form, parents are required to inform the school as soon as possible.**		

If you are/will be part of the French social security system, please indicate your social security number here:

Please read carefully: Medical and Transportation Authorization (Autorisation d'hospitalisation et de transport)

We, Mr. and/or Ms. _____ authorize the hospitalization of our child, _____, if the aforementioned is a necessary intervention following an accident at school or a rapid deterioration of the health status of our child. We authorize as well transport to the nearest medical facility by French first responders (SAMU/*pompiers*).

Nous, soussignés, Monsieur et/ou Madame _____ autorisons l'hospitalisation de notre enfant, _____, s'il venait à être victime d'un accident dans le cadre scolaire, ou d'une maladie aiguë à évolution rapide ainsi que le transport par les pompiers et/ou le SAMU.

Parent/Guardian 1 signature:_____ Date (dd/mm/yyyy): _____

Parent/Guardian 2 signature:_____ Date (dd/mm/yyyy): _____

International School of Paris
Admissions

To be completed by a medical doctor
Nursery – Grade 12

Doctor's Form *(Attestation Médicale)*

To be completed by a medical doctor, after child's physical examination.
Ce formulaire doit être obligatoirement rempli par un médecin après examen de l'enfant.

Child's name *Nom de l'enfant* _____ **Grade** *Classe* _____

Vaccinations *(Vaccins)*

Mandatory *Obligatoires*	**Date of last booster/vaccination** *Date du dernier rappel/vaccin* *day / month / year*	Recommended *Strongly recommended due to the highly mobile nature of ISP's school population* *Recommandés* *Vivement recommandé en raison de la forte mobilité internationale de la population de l'ISP*	**Date of last booster/vaccination** *Date du dernier rappel/vaccin* *day / month / year*
Diphtheria / Tetanus / Poliomyelitis *Diphtérie / Tétanos / Poliomyélite* ***French law requires all children to be vaccinated against diphtheria, tetanus and polio in their first year, with a mandatory booster one year later. From then on, a polio booster alone is required every 5 years until the age of 13.*** *La loi française exige que tout enfant soit vacciné contre la diphtérie, le tétanos et la polio dans la première année de vie avec un rappel un an plus tard. Par la suite, seul le rappel contre la polio est obligatoire tous les 5 ans et ce jusqu'à l'âge de 13 ans.*		**Meningitis (please note type)** *Meningite (merci de noter quel type)*	
		Whooping cough *Coqueluche*	
		Measles, Mumps, Rubella *Rougeole, Oreillons, Rubéole*	
		Chicken Pox *Varicelle*	
		B.C.G* B.C.G.	
		or *ou* **TB skin test** *Test cutané à la tuberculine*	Date : Result (+ / -) :

Allergies - please specify medical and/or dietary *(Allergies – merci de préciser medicamenteuses et alimentaires)*

_____

Other information *(Informations Complémentaires)*

Height *Taille* _____ **Weight** *Poids* _____
Vision (L) *Vue œil G.* _____ **Vision (R)** *Vue œil D.* _____
Hearing (L) *Ouïe oreille G.* _____ **Hearing (R)** *Ouïe oreille D.* _____

Medical Conditions *L'enfant souffre-t-il de problèmes de santé particuliers?* _____

_____

Current treatments *Traitement(s) en cours* _____

_____

Doctor's recommendations *Recommandations du médecin* _____

_____

Please indicate if the child should be excused from a particular sport during the current academic year.
L'enfant doit-il être dispensé de la pratique d'une ou plusieurs activités sportives durant l'année scolaire en cours ?

_____

Doctor's name *Nom du médecin* _____ **Doctor's signature** *Signature du médecin* _____ **Stamp** *Cachet*

Address *Adresse* _____

_____

Date _____

Parents should notify the school nurse of any new medical information which may arise by sending an email to ispnurse@isparis.edu.