

Grace International School
Foreign Staff Medical & Emergency Form

MEDICAL ALERTS office use only
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Family Name: _____ First Name: _____ Date of Birth: ___/___/___
M D Y

A completed Medical & Emergency Form is required yearly. It is to be emailed to the Nursing Office at the start of the first semester each year. The information provided will remain confidential and be used by the school nurse to assist you should a need arise at school. For this reason it is important that the information provided is accurate and complete.

ALLERGIES (Drug, Food, and Other)

Are you allergic to any drugs, food or medications? No Yes (if yes, please specify substance, reaction & treatment)

Blood Type: ___ Rh ___ Are you able to donate blood: Yes No

Date of last TB/Chest X-Ray _____ Result _____
Please indicate TB skin test or X-ray Please indicate measurement of reaction, if any

MEDICAL HISTORY

Please indicate if you previously or currently have/had any of the following. Use additional page for details as needed.

<p><u>HEART OR CIRCULATION PROBLEMS</u></p> <table style="width:100%;"> <tr> <td style="width:30%;">Blood Pressure: <input type="checkbox"/> High <input type="checkbox"/> Low</td> <td style="width:10%;">Past</td> <td style="width:10%;">Now</td> <td style="width:50%;"></td> </tr> <tr> <td>Anemia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Rheumatic Fever</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Fainting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Heart Condition - specify: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other – specify: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table> <p><u>DIGESTIVE TRACT PROBLEMS</u></p> <table style="width:100%;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">Past</td> <td style="width:10%;">Now</td> <td style="width:50%;"></td> </tr> <tr> <td>Chronic diarrhea</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Chronic constipation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Chronic stomach pain/ulcers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other – specify: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table> <p><u>RESPIRATORY PROBLEMS</u></p> <table style="width:100%;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">Past</td> <td style="width:10%;">Now</td> <td style="width:50%;"></td> </tr> <tr> <td>Asthma: rare – occasional - 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Have you ever been hospitalized? [] No [] Yes (please specify dates and reasons): _____

Current Medications: What medicines do you take regularly and why?

Do you have any physical limitation that would prevent you from climbing stairs or walking a moderate distance on an incline? [] No [] Yes

Comments or concerns about your health or medical history that you would like the school nurse to be aware of when caring for you:

*NOTE: While Grace International School does not at this time require staff immunizations, GIS strongly recommends that you keep up-to-date immunizations for your personal health as well as that of others. Please consult your physician or visit www.who.int/ith/en for recommended immunizations for Thailand. **Please submit a copy of your immunization records to GIS.***

EMERGENCY INFORMATION

<u>Emergency Contact in Thailand - #1</u>	<u>Relationship</u>	<u>Phone Number</u>
Organization Supervisor in Thailand or Region		
<u>Emergency Contact in Thailand - #2</u>	<u>Relationship</u>	<u>Phone Number</u>
<u>Emergency Contact Name – Home Country</u>	<u>Relationship</u>	<u>Phone Number</u>

The following information is necessary to determine eligibility for GIS insurance coverage

Please indicate if you have had any of the following:

- Symptomatic HIV w/ a low CD4 of lower than 500 cell/mm3 and/or high viral load of higher than 5,000 copies / ml
- Systemic Lupus Erythematosus
- AIDS
- Bone marrow and/or other transplant
- Parkinson's disease
- Multiple sclerosis.....
- Body Mass Index \geq 35 (current)
- Metastatic disease (malignancy stage 3)

In case of accident or other emergency, I authorize the school to arrange for emergency medical treatment. **I understand that I will be taken to Sriphat Hospital for treatment.**

My personal physician (in Thailand - if known) is _____;
phone number _____.

Signature: _____
Please type signature above

DATE: _____

INSURANCE INFORMATION

Full time staff are covered by medical insurance provided by GIS (certain restrictions apply -- see the Finance Office for more information). The following information is regarding medical insurance you may have in addition to the insurance GIS provides.

I am not covered by medical insurance

I am covered by medical insurance

Insurance Company _____

Address _____

City _____ State/Province _____ Zip Code _____

Country _____ Phone number _____

Policy No. _____ Group No. _____

This insurance covers me only in Thailand Yes No

This insurance covers me only in my home country Yes No

This insurance covers me in both Thailand and my home country Yes No

_ Signature *Please type signature above*

_____/_____/_____
Date

FOR OFFICE USE ONLY

Personal Health History reviewed by GIS Health Services Department by _____ on _____
initials date

Comments: _____
