

SEOUL CHRISTIAN SCHOOL

72-5 Eunchon-ro, Kwanak-gu 151-843, Seoul, Korea

# **MEDICAL REQUIREMENTS**

Seoul Christian School desires to provide a healthy environment for your child. Therefore, we require evidence that each child has been immunized against common childhood diseases. Parents should submit a copy of the \*\*child’s immunization record to SCS.

The chart below summarizes the immunizations required by the school. **If evidence of immunization is not available, the child must receive booster shots for DPT, polio and MMR that are appropriate for the child’s age. The school must be provided with verification of the booster shots having been given.**

\*\*If a health certificate and shot record has been sent with your child’s records from another school, they are all SCS needs.

## Immunization Guide and Requirements

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2 mo | 4 mo | 6 mo | 15 mo | 18 mo | 4-6 yr. | 14-16 yr. |
| DPT (DT) | (1) | (2) | (3) |  | (4) | (5) | DT |
| Polio | (1) | (2) | (3) |  | (4) | (5) |  |
| MMR |  |  |  | (1) |  | (2) |  |
| Tuberculin Skin Test | Every two years after 1 year old | | | | | | |
| Chest X-ray | If skin test is positive | | | | | | |

Evidence of immunization is to be submitted to the school office prior by the first day that a child attends class. If extenuating circumstances exist, parents may be granted two weeks extension in providing the required medical information. Students who have attended SCS for two weeks and have not submitted all required medical information will not be allowed in class until proof of immunization has been submitted.

A form is provided on the back for your convenience. You may take it to your doctor to be filled out, signed and returned to SCS.

**Seoul Christian School**

**Medical Information**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M\_\_ F\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Physician: Please complete both sides and return to the child’s school.

Date of immunizations:

(Number of doses and dates)

DPT 1\_\_\_\_\_\_\_2\_\_\_\_\_\_\_3\_\_\_\_\_\_\_4\_\_\_\_\_\_\_5\_\_\_\_\_\_\_

or

DT 1\_\_\_\_\_\_\_2\_\_\_\_\_\_\_3\_\_\_\_\_\_\_4\_\_\_\_\_\_\_5\_\_\_\_\_\_\_

Polio 1\_\_\_\_\_\_\_2\_\_\_\_\_\_\_3\_\_\_\_\_\_\_4\_\_\_\_\_\_\_5\_\_\_\_\_\_\_

Measles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rubella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H.I.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T.B. skin test (Mantoux Test)

Date Given:\_\_\_\_\_\_\_\_\_\_\_\_ Date Read:\_\_\_\_\_\_\_\_\_\_\_\_\_

Positive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Negative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest X-ray:\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)

SIGNATURE OF PHYSICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents:

My child may be given Ibuprofen or Tylenol at school Yes\_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_