

STUDENT MEDICAL HISTORY SHEET

Họ tên học sinh/Name of student: _____
Family Name *Given Name*

Ngày sinh/Date of Birth: Day ____ Month ____ Year ____ Giới tính/Sex: M ____ F ____

Emergency Contact in Vietnam

1. Parent/Guardian Name _____
 Relationship to Child _____
 Home Telephone Number _____
 Business Fax/Telephone Number _____

2. Alternative Contact Name _____
 Relationship to Child _____
 Home Telephone Number _____
 Business Fax/Telephone Number _____

3. Doctor Name _____
 Medical Scheme _____
 Membership Number _____
 Telephone Number _____

Immunizations (Vaccinations)

Chủng ngừa

Type	Yes / No	Year	Type	Yes / No	Year
<i>Tetanus</i>	_____	_____	<i>Whooping Cough</i>	_____	_____
Uốn ván	_____	_____	Ho gà	_____	_____
<i>Measles</i>	_____	_____	<i>Meningitis</i>	_____	_____
Sởi	_____	_____	Viêm màng não	_____	_____
Mumps	_____	_____	Typhoid	_____	_____
Quai bị	_____	_____	Thường hàn	_____	_____
<i>Polio</i>	_____	_____	<i>Hepatitis A</i>	_____	_____
Bại liệt	_____	_____	Viêm gan	_____	_____
<i>Diphtheria</i>	_____	_____	<i>Tuberculosis TB</i>	_____	_____
Bạch hầu	_____	_____	Lao	_____	_____

