



LETHBRIDGE SCHOOL DIVISION
INTERNATIONAL SERVICES
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 LETHBRIDGE, ALBERTA, CANADA
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Medical Record for International Students in Lethbridge School Division

(All "yes" answers require an attached written explanation)

Last Name (Student)

First and Middle Names

Name you prefer to be called

Birthdate

Age

Gender

Have you had:	Yes	No	Have you had:	Yes	No	Have you had:	Yes	No	Mental Health	Yes	No
Scarlet Fever			Ear, nose, or throat trouble?			Do you have a heart problem?			Have you had any of the below problems:		
Measles			Do you have a hearing problem?			Disease or injury of joints			Suicide thoughts or attempts		
German Measles			Skin problems (acne, etc.)			Back problems			Eating disorder (anorexia/bulimia)		
Rubella			Insomnia			Tumor, cancer or cyst			Self-mutilation		
Mumps			Sleepwalking			Stomach or intestinal trouble			Depression		
Chicken Pox			Recurrent headaches			Recent gain or loss of weight			Anxiety, nervousness, social isolation		
Malaria			Head injury/ unconscious			Dizziness, fainting			Have you ever had treatment for any emotional problem, personality disorder, nervous condition, psychological, psychiatric or mental health issue?		
Gum/tooth Trouble			Recurrent colds			Weakness, paralysis					
Do you wear braces?			Hay fever, asthma			Cystic fibrosis					
Do you need ongoing dental care?			Tuberculosis			Cerebral palsy			Do you have:		
Do you need ongoing orthodontic care?			Shortness of breath			Muscular dystrophy					
			ALLERGIES:			Tourette's Syndrome			Any special needs that could affect your ability to function in a regular education program?		
Sinusitis			Penicillin			Other neurological disorders					
Eye trouble			Sulfonamides			Diabetes					
Do you wear glasses or contact lenses? (if yes, bring prescription)			Serum			Epilepsy			Learning or intellectual disability?		
			Foods/animals or other			Anemia or blood problem					
						Have you had any sexually transmitted disease?					

Have you had:	Yes	No	Have you had:	Yes	No	Have you had:	Yes	No
Do you have any of these communicable diseases?			SURGERIES:			FEMALES ONLY:		
Hepatitis A			Tonsillectomy			Irregular or severe periods		
Hepatitis B			Hernia Repair			Pregnancy		
Hepatitis C			Appendectomy					
HIV			Other (describe)					
AIDS								
TB								
Other								
What is your blood type?								

NOTE: *Deliberately providing inaccurate or incomplete information on this form could result in the student's premature dismissal from the program.*

Any answers that were answered with "Yes" require a written explanation. Please type your explanations here:
(If you require further room for details, please attach a typed document when you submit your Medical Record)

IMMUNIZATION RECORD						
TYPE OF VACCINE	DATE EACH DOSE WAS GIVEN					
	1st Mo Day Year	2nd Mo Day Year	3rd Mo Day Year	4th Mo Day Year	5th Mo Day Year	
POLIO						
DPT and/or TD (diphtheria, tetanus, pertussis or tetanus, diphtheria)						
HEPATITIS B						
HEPATITIS A			RESULT OF TUBERCULINE SKIN TEST Negative Positive If Positive, report of negative chest x-ray is required.			
MEASLES (Rubeola-10 day, red measles)						Type given
RUBELLA (German measles - 3-day-measles)						Date given
MUMPS						
MENINGITIS						

Parent Declaration and Release Form

1. We affirm that the information in this Medical Record is complete and accurate to the best of our knowledge. *Initials*
2. We hereby accept that in case of emergency the homestay Relationship Manager or designate, or the Executive Director of International Services or designate, may authorize on our behalf any necessary medical treatment for our son or daughter without personal liability. *Initials*
3. We consent to the sharing of information about my child's health with the program staff and our child's host families. We authorize the Lethbridge School Division to release this information to the homestay program, and in turn to the host family with whom homestay placement is sought. We understand that within the Lethbridge School Division, the program staff and senior administrators will have access to this information. *Initials*

Date

Student Signature

Parent Signature

Student Printed Name

Parent Printed Name