

CONSENT FOR IMMUNIZATION

Child Name: -----

Date of Birth: -----

School Name: **DUBAI JAPANESE SCHOOL**

Class/Grade: -----

Please Tick (√)

I give the consent for the immunization of my child

I don't agree for immunization of my child.

Name & Signature: -----

Parents/ Guardian

P.O.Box:-----

Telephone Number: -----

Dear Parents

Please provide the following information to update your child school health record and send his/her ORIGINAL IMMUNIZATION CARD

Child History of illness:

Please tick (√) appropriately, if yes, Specify Month/Year of illness

Infectious Disease	YES	NO	Non-Infectious Disease	YES	NO
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD (Glucose6-Phosphate Dehydrogenase deficiency)		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Surgical Operation		
Whooping Cough			Thalassemia		
Chicken Pox					

If yes, write the year of illness

History of:

Blood Transfusion No Yes Frequency: -----

Hospitalization No Yes Reason:-----Date:

family History: Diabetes- Hypertension- Mental Disorder- Stroke- Tuberculosis-

Other, Specify-----

Licensed School Nurse Signature: -----