

Student Health Requirements for Admission

Three documents should be submitted to the Registrar Office when entering to AST.

- **School Entry Physical Examination Form**

A registered physician may perform the examination and complete the form with signature for the applicants. Examinations must be done in the same of the school entry year.

- **Copies of student's overall immunizations records.**

Parents must provide student's immunization records verifying dates of each required immunizations/shots were given. (請附上學生之疫苗接種紀錄影印複本)

- **Student Health Information**

It can be completed by parents or guardians.

Student Health Information

Name _____	Gender _____
(Last name)	(First name)
Birthdate (YYYY/MM./DD) _____	
Emergency Contact	
Name : _____ Relationship to the child : _____	
Phone numbers : _____	
Sibling at AST _____	

Please indicate if the student has serious allergies.

Food _____

Environment _____

Medicine _____

Others _____

Please indicate any family health history that you think the school should be aware of.

Please indicate any medical operations or hospitalized history that you think the school should be aware of.

Please itemize the medicine taken by the student on a regular basis.

School Entry Physical Examination

Date of Examination (DD/MM/Year) _____ Entry Grade _____

Name _____

(Last name) (First name)

Birthdate (DD/MM/Year) _____ Gender _____

****The following items should be completed by your physician. 以下由醫師填寫**

Height _____ Weight _____

Eyes

Vision : Right _____ Left _____

Color Blindness : Yes / No

Strabismus : Yes / No

Amblyopia : Yes / No

Ears and Hearing : _____

Head and Neck

Torticollis : Yes / No

Mass : Yes / No

Heart

Heart Rate _____ B.P. _____ Murmur _____

Lung/ Chest _____

Musculoskeletal

Scoliosis : Yes / No

Abdomen _____

Urinalysis (Urine protein, sugar, PH, and Occult Blood)

*Please indicate abnormal test results. _____

Hernias : Yes / No

Cryptorchidism : Yes / No (for elementary applicants)

Blood Test (for High school applicants)

*Please indicate abnormal test results. _____

Anemia : Yes / No

Recommendations for activities :

Competitive Sport _____

Restricted _____

Comments : _____

Physician Signature

Medical Release / Insurance Form

I hereby give permission to school staff to authorize medical treatment for my son/daughter in case of need at school or while traveling for a school activity. I understand that all medical expenses, including transportation, are personal and any cost to the school will be reimbursed.

In case of medical need the following procedure will be followed:

1. Parent is notified and student is taken to an appropriate medical facility in the immediate vicinity or vice versa depending on the seriousness of the injury.
2. Student receives the needed medical attention.
3. AST (staff) pays the medical facility and gets two receipts and doctor's note for insurance companies.
4. Parents reimburse AST for expenditures.

INSURANCE INFORMATION

- **TAIWAN** -- Medical/accident insurance is included in tuition payment. Please contact the school's General Affairs Manager for details (ext. 21 or 14).
- **INTERNATIONAL** – The school does not provide insurance for international trips. Please contact our HR Office (ext. 12) for details.

PROOF OF IDENTITY

All students participating in activities away from school are required to carry their National Health Insurance Cards with them. If parents are concerned for the safety of the cards, the trip leaders will be responsible for carrying the cards.

CURRENT MEDICATIONS

Please list any medications that your child is currently taking and any instructions for administration:

I have read and understand the contents of this message.

Student name: _____ Grade: _____

Parent Signature _____ Date _____

(1) Contact Number _____

(2) Emergency Contact Number _____