



American International School Vienna
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MEDICAL FORM A

MEDICAL HISTORY ONE PER APPLICANT

TO BE COMPLETED BY THE PARENTS

All new students and returning students entering Middle or High School must submit completed Medical Forms A & B before (re-)enrolling at AIS Vienna.

Student's name _____ Grade _____ School Year _____

NEW STUDENT RETURNING STUDENT UPDATE

IMMUNIZATIONS

**PLEASE SUBMIT COMPLETE COPIES OF IMMUNIZATION RECORDS
 (E.G. "IMPFPASS" OR IMMUNIZATION BOOK)**

Instead of submitting the immunization records, you may complete the section below manually, incl. date of each immunization.

Immunization	FIRST	SECOND	THIRD	FOURTH	FIFTH
	Enter Date of Each Immunization				
DPT or					
Diphtheria					
Pertussis (whooping cough)					
Tdap					
MMR (Measles/Mumps/Rubella) or					
Measles (Masern)					
Mumps					
Rubella (Röteln)					
Polio (IPV/OPV)					
Hepatitis A					
Hepatitis B					
BCG					
Tick shot / Zecken Impfung (FSME)					
H. influenza B (HiB)					
Varicella (chickenpox vaccine)					
Meningitis C					
MCV ₄ (Meningitis ACWY)					
Meningitis B					
HPV (Human Papillomavirus)					
Covid-19					

ALLERGIES

Does your child have any allergies? Yes No

If yes, to what? _____

How does your child react to allergy? (Rash, hives, trouble breathing, watery eyes, nose problems, etc.)

How do you treat your child's allergy?

COMMUNICABLE DISEASE HISTORY

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE - LIST THE DATES OF EACH ILLNESS

Chickenpox (Windpocken)	
German measles (Rubella)	
7-day measles (Rubeola)	
Mumps	
Whooping cough (Pertussis)	

CURRENT HEALTH

We should know about diabetes, seizure disorders, depression, anxiety, asthma, regular medication. Please give us a full explanation:

MEDICATION PERMISSION

- I give permission for my child to receive the following non-prescription medications at school
- | | |
|--|--|
| <input type="checkbox"/> Paracetamol/Tylenol | <input type="checkbox"/> Antacid |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Antihistamine |

I give permission for my child to be given Potassium Iodide tablets in case of nuclear emergency.

https://www.sozialministerium.at/dam/jcr:e6efa16a-925d-4c46-ab27-48adeebe10ea/KI-Tabletten%20-%20Kurzinformation_EN%20final.pdf

Signature of **PARENTS/GUARDIAN** _____ Date _____