

Appendix i
Form A (4 pages)
SCHOOL ENTRANCE IMMUNIZATION REQUIREMENTS INFORMATION

BESA immunization requirements are derived from an amalgamation of guidelines from most European countries, the USA and Turkey and take into account differing schedules. Additional, recommended vaccines are based on the UK and US recommendations for travel to Turkey.

Please supply your doctor with this information page.

REQUIRED IMMUNIZATIONS (Please have your child's physician fill out the attached 'BESA immunization record' form and submit to the school nurse along with a copy of their original immunization record)

Required: DTP (Diphtheria, Tetanus, Pertussis) – a series of 3 doses in the first year of life and a booster some time between 1 and 6 years of age. If not known or no record available, at least one booster required.

Required: Polio – Given as schedule for DTP. This may be oral or injectable (IM) form. If not known or no record available, at least one booster required.

Required: MMR (measles, mumps, rubella) – minimum of 2 doses by the age of 6 years. If not known and no record available, a blood test result for antibody levels is required and immunization as appropriate.

Required: Either BCG (tuberculosis-vaccine) – one injection (evidence of scar and/or date is acceptable) or PPD skin-test if the child has lived in a country with a high incidence of Tb within the last two years. If the child is coming from a country with a low incidence of Tb (including Turkey) and has not had a BCG vaccine, We do not require a PPD skin-test. Refer to:
http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733837507
for further information for countries and Tb incidence.

Required: Hepatitis B – a series of 3 injections given over 6 months.

Required: Hepatitis A – a series of 2 injections given over 6 – 12 months.

Additional Recommended Vaccines:

Varicella (chickenpox), Typhoid, Rabies, Hib, Meningitis C, Pneumococcal vaccine

Form A (four pages)

Medical Clearance Form

(To be completed by a Doctor. Examination must be within six month of application.)

Note: ALL SECTIONS MUST BE COMPLETED AND THIS FORM MUST BE TURNED IN BY THE FIRST SCHOOL DAY.

Name of Student _____ Date of Birth _____

Physical Examination:

Height _____

Weight _____ BMI _____ Are these within normal range? _____

Are there or have there ever been any speech, language concerns? _____

Distant Vision R _____ L _____ normal/referred _____

Date of last full optometrist/ophthalmologist check _____

Hearing _____ normal/referred. Screening method used _____

Have there been any concerns regarding child's hearing? _____

Date and result of any past audiology screening _____

PLEASE NOTE: details of vision and hearing screening are very important for school and if there is any history of problems, details should be given.

Examination

CLINICAL	NORMAL	ABNORMAL	COMMENT
Skin			
Head and Neck			
Eyes			
Ears/nose/mouth			
Lymph nodes			
Cardiovascular			
Respiratory			
Abdomen			
Genitalia/hernia(males)			
Muscoskeletal			
Neurological			
Emotional/mental status			
Nutritional status			
Developmental status			



BESA IMMUNIZATION RECORD

(red=required)

Last Name	First Name	Birth date (dd/mm/yy)
VACCINE	TYPE	DATE GIVEN (dd/mm/yy)
Diphtheria, Tetanus, Pertussis (DTap, DTP, DT, Td, Tdap, DTap-HepB-IPV, DTaP-IPV/Hib, DTap-IPV, DTap/Hib)		
Polio (IPV, OPV, DTap-HepB-IPV, DTap-IPV/Hib, DTap-IPV)		
Measles, Mumps, Rubella (MMR, MMRV)		
Varicella (chickenpox) (VAR, MMRV or 'had disease')		
Hepatitis A (Hep A, Hep A-Hep B)		
Hepatitis B (Hep B, Hib-Hep B, Hep A- Hep B, DTap-Hep B-IPV)		
Pneumococcal (PCV7, PCV13, PPSV23)		
Haemophilus Influenzae type b (Hib, Hib-HepB, DTap-IPV/Hib, DTap/Hib)		
Rotavirus (RV1, RV5, RV[unknown])		
BCG		
PPD (with result)		
Influenza (yearly)		

Rabies (eg. Imovax)		
Typhoid (oral or IM)		

Medical Clearance Form

Please list any conditions or emotional factors which may affect the school day, require activity limitation or pose a health risk to self or others (with parents permission).

I certify that I have examined:

NAME..... Date of Examination.....
and found her/him to be fit to attend school and that the immunizations/screening as described on page 1 of this form have been undertaken or the reasons for objection stated.

Doctor's Printed Name and title.....

Address.....

Tel. No.....

Signature and Stamp.....