



# MYANMAR INTERNATIONAL SCHOOL MANDALAY

## HEALTHCARE POLICY



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## **Purpose**

The aim of this policy is to ensure that there is a professional and consistent approach to meeting the medical needs of our students whilst they are on campus and to provide a high quality healthcare provision that is in line with the school's mission and vision.

## **Responsibilities**

### **The head of school has a responsibility to:**

- Ensure that the healthcare policy is in line with local, national and international guidance.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure every aspect of the policy is maintained.
- Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place
- Ensure student confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Provide/arrange provision of regular training for school staff in managing the most common medical conditions in school.
- Ensure all new staff know and implement the healthcare policy.
- Review the healthcare policy in a timely manner
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place.
- Ensure individual healthcare plans are completed and reviewed annually.
- Quality assure record keeping.
- Work together to quality assure staff competency in specific procedures.
- Regularly remind staff of the school healthcare policy and procedures,

### **The healthcare manager has a responsibility to:**

- Manage the day to day healthcare needs of students
- Support the healthcare needs of staff.
- Make sure that there is an emergency services contact list in every accessible area of school.
- Make sure to have emergency first-aid boxes in every school bus and in classrooms: 009, 105 and PE. This is checked once a month.
- Make sure the AED machine is regularly checked.
- Manage and evaluate the school's environment and report where there are health concerns.
- Conduct school-based disease control in line with infection control procedure.
- Implement nutrition promotion and food safety .
- Provide counselling and support to students and staff who need it.

- Conduct health education and training with other organisations and services as necessary
- Provide healthcare advice and information to parents as necessary.
- Participate in promoting sports and physical activities.
- Keep the medical history and record of all students and staff confidentiality.
- Report to heads of section and head of school about accidents and injuries as appropriate
- Provide information about the health conditions of students in line with procedures

**All staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand and implement the healthcare policy.
- Know which students in their care have a medical condition.
- Allow all students to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure students who carry their medication with them have it when they go on a school trip or out of the classroom e.g. to the field for PE.
- Be aware of students with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

**Teachers at this school have a responsibility to:**

- Ensure students who have been unwell catch up on missed school work.
- Be aware that medical conditions can affect a student's learning and provide extra help when needed.
- Liaise with parents, healthcare professionals and special educational needs co-ordinator (SENCO) if a student is falling behind with their work due to a health condition.

**First aiders at this school have a responsibility to:**

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary ensure that an ambulance or other professional medical help is called.
- Check the contents of first aid kits and notify the healthcare manager if they need to be replenished.

**Students have a responsibility to:**

- Treat other students with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they or another student is not feeling well.
- Treat all medication with respect.
- Know how to gain access to their medication (includes emergency medication).
- Ensure a member of staff is called in an emergency situation.

**Parents have a responsibility to:**

- Provide the school with up to date contact information
- Tell school if their child has or develops a medical condition.
- Immediately inform the school office in writing if there are any changes to their child's condition or medication.
- Ensure that they or their emergency representative is contactable at all times.
- Administer medication out of school hours wherever possible.
- Undertake health care procedures out of school hours wherever possible.
- Ensure they supply school with correctly labelled and in-date medication.
- Contribute to the writing of individual health care plans as appropriate.
- Complete the necessary school documentation regarding medical conditions
- Collect any out of date or unused medicine from school for disposal.
- Keep their child at home if they are not well enough to attend school or are infectious to other people.
- Ensure their child catches up on any school work they have missed due to sickness
- Ensure their child visits a doctor or specialist healthcare professional as necessary.

Parents who do not provide this support should be aware that we may not be able to fully support their student's medical condition in school.

**Standard operating procedures****Students visiting the healthcare clinic**

Students should be sent to the healthcare clinic with a nurse slip completed by the sending teacher or staff member. This will be signed by the healthcare manager and sent back to the teacher following the visit.

In an emergency or urgent situation, where a student does not have a nurse slip, one will be provided by the healthcare manager for the student to take back to the teacher once, and if the student returns to class.

Once at the clinic, the student's vital signs (temperature, pulse rate, respiratory rate,

blood pressure and SPO2 ) will be checked where appropriate and a decision made about the intervention needed.

The student's parents or guardians will be contacted directly about the student's visit to the clinic, the student's condition and permission sought for any medical treatment needed or to arrange for the student to be sent home.

An alert will be added on managebac and/or direct contact with the head of section who will alert homeroom teachers and/ or subject teachers in case of long stays in the clinic or in cases where the student needs to be sent home.

The healthcare manager will record the time of arrival, duration of stay in the clinic and the intervention (nursing care and medical treatment) for all students visiting the clinic in the central document located in the healthcare drive.

Records of medication, treatment and background health history will be updated on the school managebac system as soon as possible after the visit, and certainly before the end of the day.

When a student is sent to the clinic and a contagious disease is suspected, the healthcare manager will ask the parents to seek confirmation from a healthcare professional and inform the school as soon as possible. The school will then inform other parents whose students have been in close contact with the infected student and advice about signs and symptoms given to those parents.

### **Incidents and accidents**

The healthcare manager will assess and record the student's biological data/injuries and decide on intervention needed.

The student's parents and guardians will be contacted as soon as possible about the case and permission sought for any medical treatment needed or arrangements made for the student to be sent home or referred to a hospital or clinic.

The relevant head of section will be informed as soon as possible so that support can be offered or/and teachers can be informed as necessary.

The healthcare manager will complete accident/incident reports and share these with the heads of section and file in managebac or/and in the healthcare drive as soon as possible.

### **Emergencies**

We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed. We have a procedure in place for dealing with emergencies. Details of emergency contact numbers are posted in every classroom.

The healthcare manager will call for help from the nearest hospital (preferably Mandalay Hospital, City Hospital, Children Hospital) or for an ambulance in the case of major injury or illness.

Where possible, the healthcare manager will write details of the nature of the accident/incident for the healthcare professionals, including the child's biological data, time of leaving the school, the reason for referral and the name of the healthcare person from school who will be accompanying the child in the referral,

The healthcare manager will inform the students' parents/ guardians, and relevant head of section as soon as possible and decide on next steps

If parents are not available, the healthcare manager or a member of staff will accompany the student to the hospital or clinic and school will phone the parent/s to meet at the hospital.

The member of staff will stay with the student until a parent arrives.

The healthcare manager, in consultation with the head of school, is responsible for any decisions on medical treatment in the absence of a parent.

School transport will be used to transport students to hospital or a clinic where appropriate.

Staff will not take a student to hospital in their own car unless it is an absolute necessity and never unaccompanied.

The healthcare manager will complete accident/incident reports and share these with the heads of section and file in managebac or/and in the healthcare drive as soon as possible.

### **When school is notified that a student has a medical condition**

The healthcare manager will seek further information from parents and health professionals and determine whether a risk assessment is required.

The healthcare manager will arrange a meeting with parents to plan, implement and monitor an Individual healthcare plan in the case of long term medical conditions

As part of this process the healthcare manager will:

- Identify any aspects of a student's care they can manage themselves.
- Identify which staff will be involved in supporting the student.
- Identify what, if any, training is needed, who will provide this and when.
- Identify which staff need to know the details of the student's medical condition and inform them as appropriate.
- Ensure parent/s written permission is received for any administration of medication.

### **Staff training**

Staff who support students with specific or chronic medical conditions must receive additional training from a registered health professional or the healthcare manager.

Training requirements are determined as part of Individual healthcare plans.

Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being required ) must report this as soon as possible to the healthcare manager who will make appropriate arrangements.

The healthcare manager keeps a training record and ensures training is refreshed as appropriate.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training and permission. In some cases written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the healthcare manager will determine this.

## **Staffing**

The healthcare manager is responsible for ensuring that all relevant staff are aware of a student's medical condition as soon as possible. Any covering staff will be informed, as appropriate, via the head of section. Students with Individual healthcare plans may have staff named in their plan who have been trained to undertake the procedures in the plan.

## **Administration of prescribed medication at school**

Wherever possible we allow students to carry their own medicines and relevant devices and where students self-administer we will provide supervision as appropriate.

We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a student's health.

We will only accept medication that has been prescribed by a doctor or dentist,

We will not give pain killers to any student unless requested to do so by a parent.

We only give medication when we have written parental permission to do so.

Medication not carried by the student is stored in the healthcare room

Controlled drugs are stored in the healthcare room. students who do not carry and administer their own medication know where it is stored and how to readily access it.

## **Administration of non-prescribed medication at school**

Non-prescribed medication can only be administered in a school where it is absolutely essential to the student's health and where it cannot be taken out of the school hours.

When non-prescribed medicine is administered it must have prior written parental consent and a record of this form must be kept on file.

The school should ensure they treat the non-prescribed medication the same as if it were prescribed i.e., checking the packaging, expiry date, dosage, administration instructions, correct storage etc.

Non-prescribed medication should be provided by the parents.

## **Administration of medication – general**

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically trained to do so or it is in their job description. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students but only with a parent's written consent and with the permission of the healthcare manager.

Some medicines require staff to receive specific training on how to administer it from the healthcare manager or a registered health professional.

## **Students who can manage their own needs**



We encourage all students to manage as much of their own needs as is appropriate. The healthcare manager will determine, after discussion with parents, whether a student is competent to manage their own medicine and procedures. Where a student has been recently diagnosed, or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible. We aim for our students to feel confident in the support they receive from us to help them do this.

### **Refusal**

If a student refuses to take their medication parent's will be informed as soon as is reasonably possible so that they can make alternative arrangements.

### **Safe storage of medication**

The healthcare manager ensures the correct storage of medication at school.

The healthcare manager ensures the expiry dates for all medication stored at school are checked monthly and informs parents in advance of the medication expiring.

Some medications need to be refrigerated. These are stored in a clearly labelled airtight container in the fridge located in the healthcare room . This area is inaccessible to unsupervised students,

Parents are asked to collect out of date medication. If parents do not collect out of date medication, arrangements will be made for its safe disposal.

### **School Trips**

Staff organising school trips must ensure that they plan well in advance.

As part of the preparation staff must seek information about any medical/health care needs from the healthcare manager which may require management during a school trip. This is specifically relevant for residential visits when a student may require medication/procedures that they would not normally require during the daytime.

Staff must ensure that any medication, equipment, health care plans are taken with them and kept appropriately during the trip.

Staff must complete a risk assessment which includes how medical conditions will be managed on the trip.

Staff should be aware that some students may require an individual risk assessment due to the nature of their medical condition.

### **First Aiders**

We have trained first aiders on site at all times throughout the school day who are aware of the most common serious medical conditions at this school. Training is refreshed annually and a list of those who are first aid trained is kept in the healthcare manager's room and in the front office.

### **Record keeping**

A basic record is kept of all visits to the healthcare manager's room on the healthcare drive. Visits where action is needed (ie. medication, a decision to send home etc) will be recorded on the student's file in Managebac and alerts will be sent to the heads of section and teachers as necessary.

Reports of accidents and incidents are kept in the healthcare manager's room.

Individual healthcare plans are kept in the healthcare manager's room.

### **Enrolment forms**

We require a medical form to be completed on admission and every year thereafter. These records are kept and monitored in the healthcare room. .

### **Individual healthcare plans**

For a student with more complex medical needs or chronic conditions Individual healthcare plans may be used to record important details. Individual healthcare plans are held by the healthcare manager. They are updated when and if there are significant changes and also annually reviewed with parents and the healthcare manager. Individual healthcare plans are shared on a need to know basis with staff who are directly involved with implementing them.

### **School medical register**

We keep a centralised register of students with medical needs. The healthcare manager has responsibility for keeping the register up to date.

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### **School defibrillator**

As part of our first aid equipment, the school has a defibrillator which is located at the bottom of the stairs opposite the healthcare manager's room. The healthcare manager is responsible for checking that the unit is kept in good condition. This is done monthly.

Regular training on the use of a defibrillator is given to key members of staff (eg. PE staff)

### **Unacceptable practice**

School staff use their discretion about individual cases and refer to a student's individual healthcare plan, where they have one, however; it is not generally acceptable to:

Prevent students from accessing their inhalers or other medication.

Assume every student with the same condition requires the same treatment.

Ignore the views of the student and their parents.

Ignore medical evidence or opinion although this may be challenged.

Send students with medical conditions home frequently or prevent them from staying for normal school activities e.g. lunch unless it is specified in the student's individual healthcare plan.

Send an ill student to the school office or medical room without a suitable person to accompany them.

Penalise students for their attendance record if their absences relate to their medical condition e.g. hospital appointments.

Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition.

Require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues.

Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany the student.

### **Data protection**

We will only share information about a student's medical condition with those staff who have a role to play in supporting that child's needs. In some cases e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

### **School environment**

We will ensure that we make reasonable adjustments to be favourable to a student with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

### **Physical environment**

We have an accessibility plan which outlines how we aim to develop our facilities and staffing to meet potential future health care needs e.g. improved physical access, improved toilet facilities.

### **Education and Learning**

We ensure that students with medical conditions can participate as fully as possible in all aspects of the curriculum and ensure appropriate adjustments and extra support are provided.

Teachers and support staff are made aware of students in their care who have been advised to avoid or take special precautions with particular activities.

We ensure teachers and PE staff are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.

Staff are aware of the potential for student's with medical conditions to have special educational needs (SEN). The school's SENCO consults the student and parents to ensure the effect of the student's condition on their schoolwork is properly considered.

### **Insurance**

There is no insurance policy in place for healthcare at the school.

### **Complaints**

For details on how to make a complaint about medical issues in school please follow our school complaints procedure available from our website.

**Dignity and privacy**

At all times we aim to respect the dignity and privacy of all students with medical conditions. We do this by only sharing information with those who have a role in directly supporting the student's needs. We are considerate when giving / supervising medication / managing health care needs.

## Appendix 1: MISY Heat management guidelines

### PURPOSE

The MISY heat management guidelines have been developed to ensure that all students and staff in MISY are protected from heat related illness, ranging from heat cramps, to exhaustion and potential heat stroke, a life threatening emergency due to the body's inability to cool oneself due to extreme heat.

### BACKGROUND

#### Heat Related Illnesses

When the body heats too quickly to cool itself safely, or when too much fluid or salt is lost through dehydration or sweating, body temperature rises and heat related illness may develop. There are three stages of Heat related illness that all staff teaching at MISY need to be aware of:

1. **Heat Cramps** are experienced from fluid loss due to heavy sweating and usually occur in the abdomen or legs.
2. **Heat Exhaustion** derives from prolonged exposure in hot conditions with high fluid loss due to heavy sweating and an elevated body temperature below 40 degrees Celsius (104 Fahrenheit)
3. **Heat Stroke** is a condition when the core body temperature is higher than 40 degrees Celsius (104 Fahrenheit) and is potentially fatal.

Heat stroke is a serious condition, with complications involving the central nervous system that occur after prolonged exposure to high temperatures. Heat cramps and heat exhaustion can quickly turn to heat stroke if signs and symptoms are not recognised and treatment is not administered quickly.

Myanmar has a hot and humid climate for at most of the year, with the temperature and humidity combining to make the temperature feel considerably hotter. At MISY, we monitor weather conditions using internet resources.

Some sporting activities can continue in conditions of high temperatures if risk factors are identified and managed. Those at risk of suffering from heat related illnesses are the very young, elderly, obese, diabetics, persons recovering from illness and diarrhoea or suffering from chronic conditions. Other risk factors include poor hydration, high temperatures and humidity, excessive physical exertion, insufficient recovery time, and inappropriate uniform and clothes. Students new to the country and environment are particularly vulnerable. A combination of these risk factors elevates the chance of someone suffering from a heat related illness.

## Ambient Temperature and effect on the body

Temperature	Medical Conditions
26-32C 80-90F	Fatigue is possible with prolonged exposure and activity. Continuing activity could result in heat cramps.
26-40C 90-105F	Heat cramps and heat exhaustion are possible. Continuing activity could result in heat stroke
40-54C 105-130 F	Heat cramps and heat exhaustion are likely. heat stroke is probable with continued activity
Over 54C Over 130 F	Extreme danger — heat stroke is imminent

## SIGNS AND SYMPTOMS OF THE THREE STAGES OF HEAT RELATED ILLNESS

### 1. Signs and symptoms of heat cramps

- Profuse Sweating
- Fatigue
- Thirst
- Muscle Cramps

### 2. Signs and symptoms of heat exhaustion

- Headache
- Dizziness and Lightheadedness
- Weakness
- Nausea and Vomiting
- Cool Moist Skin
- Dark Urine

### 3. Signs and symptoms of heat stroke

- Throbbing headache
- Dizziness and lightheadedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness or cramps
- Nausea and vomiting
- Seizures
- Rapid, shallow breathing
- Unconsciousness
- Rapid heartbeat strong or weak
- Confusion, disorientation, or staggering

## EDUCATION & PREVENTION

### Provide Staff Training (yearly)

- Sun Protection Guidelines

- Signs, symptoms and treatment of heat related illnesses and Hyponatremia
- Risk factors associated with onset of heat related illnesses
- First Aid All teachers to be certified

#### **Educate students and parents regarding sun and heat exposure (yearly)**

- Sun Protection Awareness through PE/Health
- Banners/poster/screen campaign
- Education through the curriculum
- Make parents aware of our sun protection guidelines and meet annually with PTA

#### **Ensure students are protecting themselves(daily)**

- Lower school students are required to wear sun hats
- Spare hats and water bottles made available
- Have a school uniform and PE kit that is appropriate for hot conditions
- Encourage the daily application of sunscreen in physical activity

#### **Encourage students to avoid dehydration (daily)**

- Students to have water bottles in class, PE, activities and trips
- Students engaging in physical activity should be encouraged to drink 100mls to 250ml of water every 20 minutes

#### **Ensure this policy is reflected in the planning of outdoor spaces, classes, activities and events**

- Tree planting for shade is actively considered and encouraged
- Current and future projects consider use of shading
- Physically energetic sports, competitive games during the cooler periods of the day/months
- Musical, class photos, sporting events, trips planned for cooler months
- Primary play time limited outside to reduce risk of heat illness

#### **Monitor the weather and issue advice**

- Monitor temperature and humidity on a real time basis
- Warnings of extreme temperatures issued to key staff
- Temperature, humidity and measurements monitored and displayed

#### **Adhere to standard operating procedure**

- Ensure all staff are aware of procedure
- Display standard operating procedure
- Ensure activity providers and external companies adhere to SOP

## **HEAT MANAGEMENT GUIDELINES FOR OUTDOOR ACTIVITIES & SPORTS**

Staff involved in outside activities need to check outdoor temperature readings prior to engaging in these activities to be aware of the zone they are currently in.

Heat index can be found online using Google.

Heat Index will be displayed in the Athletics Area

PE Staff and Athletic Staff should monitor temperature on a regular basis and adjust based on the zone they are in

Staff who are on duty should make themselves aware of the Heat Index status

### **Heat below 32°C lower (caution)**

The following actions are standard practice for all MISY outdoor activities

- The School shall provide adequate water supply at all teaching stations.
- Staff should inform students to apply sun lotion before lessons, games and activities.
- Students should be encouraged to wear hats in secondary and compulsory in Primary for outdoor play, lunch, PE lessons
- All athletes and students should bring water bottles to trainings and PE classes
- Recommended water breaks every 30 minutes.
- Where possible spend transitions, rest periods and direct teaching moments in shade provided around facilities.
- Students that want to take a break should do so at any time.
- Staff to watch/monitor players carefully.

### **Heat 33 - 39°C Moderate**

All actions as per heat under 33°C. additionally:

- During competitive and training matches, students should be rotated out on a regular basis
- Staff identify students who present a higher risk of suffering from heat related illnesses and provide these students with an alternative to training in heat
- Staff should brief students of increased risk at beginning of practices and lessons of increased heat illness risk within and above this zone.
- Students showing signs and symptoms of heat related illness should withdraw from the activity and be escorted to the nurse
- Recommended water breaks every 20 minutes.
- Misting Fans/Iced Towels should be utilized for outdoor activities
- Suggestion is that lessons take place in shade as much as possible
- Modify training and/or games to allow for regular hydration and rest

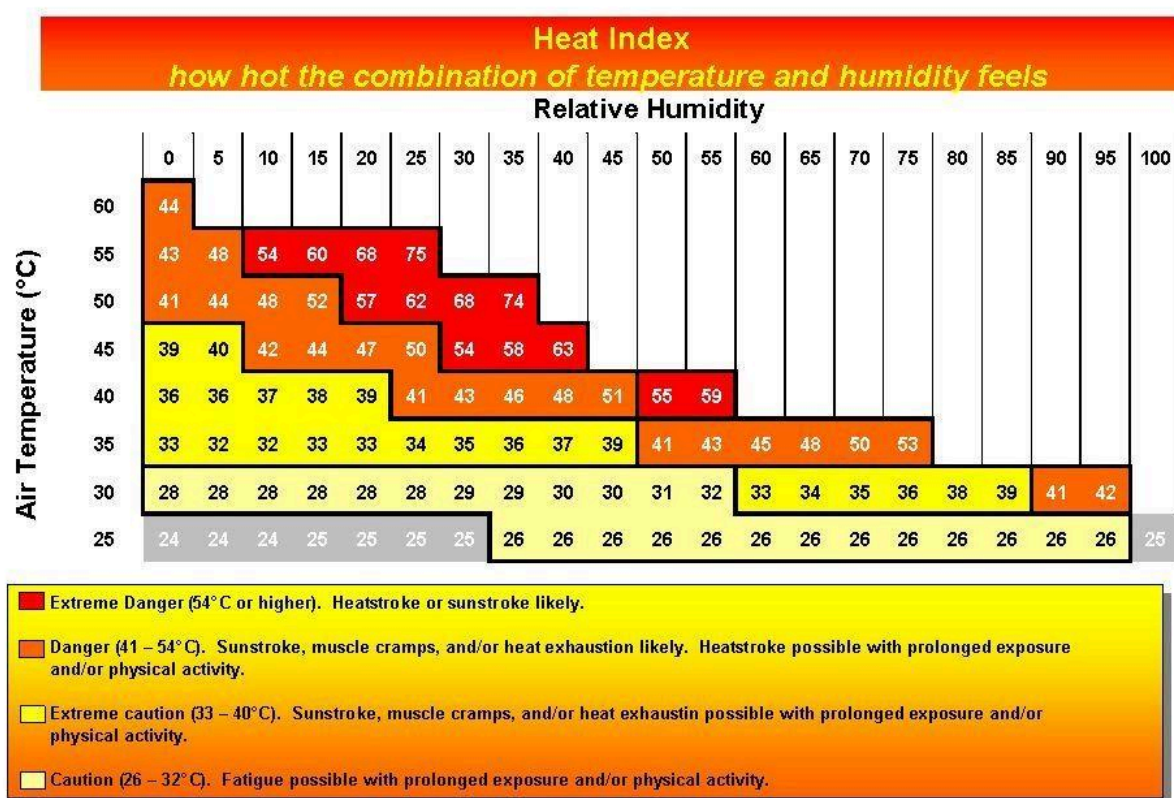
### **Heat 39- 46°C High**



- Staff should clearly brief students of extreme risk of heat illness within this zone and exclude students who have not hydrated throughout the day.
- Recommended water breaks every 15 minutes
- Primary and younger children outdoor activities cancelled
- Outside activities with a high physical exertion nature moved to shaded areas where possible or indoors
- Lessons should be moved to shaded areas or indoors where possible
- Students showing signs and symptoms of heat related illness should withdraw from the activity and be escorted to the nurse
- Electrolyte consumption should be encouraged and utilized for athletes practicing and competing in this zone
- Maximum duration of exposure in this temperature is one hour

### Heat above 46°C **Imminent & Extreme Risk**

- All non air conditioned activities are cancelled



Copyright 2006, Oklahoma Climatological Survey

Based upon Formulation by National Weather Service El Paso Forecast Office

## The Heat Index

The Heat Index is an accurate measure of how hot it really feels when the effects of humidity

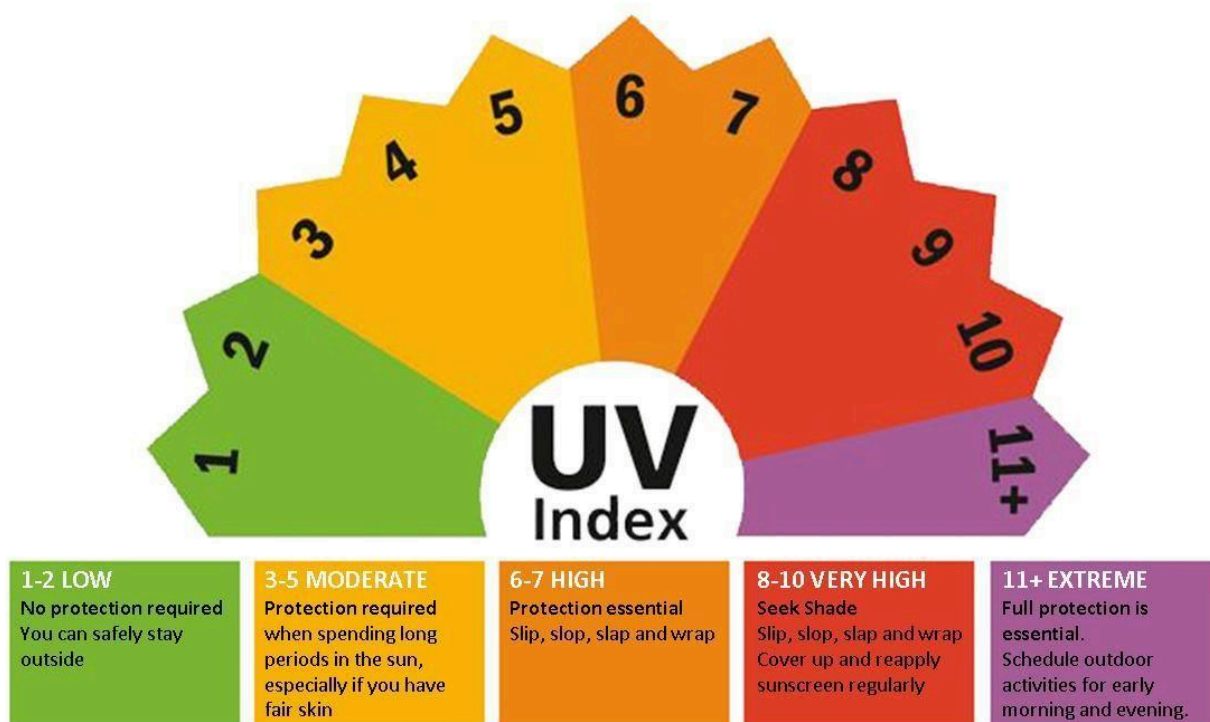
are added to high temperature. The chart above illustrates various combinations of air temperature versus relative humidity. To use the chart, locate the **air temperature** along the left column and the **relative humidity (RH)** along the top right row. The cell where the two intersect is the **heat index**. For example, an air temperature of 32.2 degrees Celsius and a relative humidity of 60 per cent intersect at a heat index of 42 degrees Celsius. It is also worth noting that direct and prolonged exposure to sun can increase humidity/temperature combination.

## Skin Cancer

Skin cancer is one of the most common forms of cancer and the number of cases is rising at an alarming rate. Most skin cancers are caused by ultraviolet (UV) radiation from the sun. This is particularly important for children and young people whose skin is more delicate and easily damaged. Studies have found that sunburn during early childhood can increase the risk of skin cancer later in life.

## The UV Index in Myanmar

The International UVI is a measure of the level of UV radiation. The values of the index range from zero upward. The higher the UVI, the greater the potential for damage to the skin and eye, and the less time it takes for harm to occur.



World Health Organisation measurements place Yangon as VERY HIGH or EXTREME on the International UV Index all year round.

### Other Heat Related Notes:

Heat emergencies can afflict any age patient, with or without underlying health problems, in a variety of ambient temperatures

High temperatures, high humidity, and high exertion are often factors that lead to a heat emergency

Heat emergencies are most common in elderly patients, infants and young children, morbidly obese patients, athletes, and other patients with underlying health problems

Heat exhaustion is a circulatory system problem. It presents as hypovolemia. The patient has a normal or slightly elevated core temperature problem. .

Heat stroke is a life threatening neurological problem. The patient has an extremely high core temperature problem.

Problem	Cause	Core Temperature	Clinical Findings and History
Heat Cramps	Dehydration Electrolyte imbalances	99-101.3 F	Most common in children and athletes Severe localized cramps in abdomen or extremities Normal vital signs Usually occur suddenly during or after strenuous physical activity
Heat Exhaustion	Inadequate fluid intake and excessive fluid loss	99-104 F	<b>General:</b> fatigue, weakness, anxiety, intense headaches, profuse sweating, nausea and vomiting, and limited to no urine output <b>Compensated:</b> Altered mental status--lethargy or irritability, Elevated pulse and respirations, Normal blood pressure <b>Decompensated:</b> Decreased level of consciousness, Decreased blood pressure, elevated pulse and respirations
Heat Stroke	Dangerous Core Temperature	> 105 F	<b>Altered mental status</b> , decreased level of consciousness, skin color temperature and moisture is not a reliable finding, increased pulse and respirations, hypotension,
Hyponatremia	Electrolyte depletion or dilution		Inadequate food or electrolyte intake, excessive water intake, frequent urination, altered mental status, ataxia, nausea and vomiting, headache

## Appendix 2. Forms

### Pre-employment Medical questionnaire

Name:		Date of Birth:	
Post applied for:			
<p>Your answers to the following will be CONFIDENTIAL and will not be given to anyone else without your explicit permission.</p> <p>The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at risk in the workplace. In the consultation with you, we may recommend adjustments or assistance as a result of this questionnaire to enable you to do your job.</p> <p>Please complete the following questions by ticking the appropriate box.</p>			

Sr.	Questionnaires	Yes	No	Don't know
1	Have you been absent from work in the last two years due to sickness?			
2	Have you ever left or retired from a job for medical reasons?			
3	Have you ever had any illness that may have been caused by or made worse by your work?			
4	Do you consider yourself to have a disability? If yes and you feel that you may need adjustments or modifications to do your job?			
5	Are you receiving treatment for any illness or health condition at the moment?			
6	Are you waiting for any treatment or investigation at the moment?			
7	Do you have any eyesight problems not corrected by glasses?			
8	Do you have any hearing problems not corrected with a hearing aid?			
9	Do you have any difficulty in standing, bending or lifting or any other movements?			
10	Have you ever had any cardio-vascular problems? .			

11	Have you ever had any mental illness or psychological problems, including depression, anxiety, schizophrenia or self-harm?			
12	Have you ever had any digestive problems?			
13	Have you ever had any drug or alcohol related problems?			
14	Have you ever had seizures, epilepsy, blackouts, sudden unexplained dizziness or loss of consciousness?			
15	Are you currently pregnant or planning to become pregnant in the near future?			
16	Have you had any major surgery in the past five years?			
17	Do you have any chronic medical conditions?(e.g. Diabetes, Hypertension, Asthma)			
18	Are you currently taking prescription medications?			
19	Do you have any allergies (food, medication, environmental)?			
20	Do you smoke?			
21	Do you have any specific medical preferences or requirements in case of an emergency?			
22	Have you ever been diagnosed with a communicable disease?			

If the answer is YES to any of the above, please give details including date, amount of time lost from work and any treatment, as appropriate.

### လုပ်ငန်းခွင် အကြံပြု ကျန်းမာရေးဆိုင်ရာမေးခွန်းလွှာ

အမည်:		မွေးသက္ကရာဇ်:	
လျှောက်ထားသောရာထူး:			
<p>အောက်ပါမေးခွန်းများအတွက် သင်ဖြေဆိုထားသော အဖြေများကို လျှို့ဝှက်ထားမည်ဖြစ်ပြီး သင်၏ ခွင့်ပြုချက် မရရှိပဲ မည်သူ့ကိုမျှ ပေးမည်မဟုတ်ပါ။</p> <p>ဤမေးခွန်းလွှာ၏ ရည်ရွယ်ချက်မှာ သင့်ကို ကမ်းလှမ်းထားသော ရာထူး၊တာဝန်များကို ထမ်းဆောင်နိုင်စွမ်း အား ထိခိုက်စေသော ကျန်းမာရေးပြဿနာများ သို့မဟုတ် သင့်အား အလုပ်ခွင်အတွင်း အန္တရာယ်ကျရောက်စေခြင်းမျိုး ရှိ/မရှိ ကြည့်ရှု သုံးသပ်ရန်ဖြစ်ပါသည်။ သင့်နှင့် တိုင်ပင်ဆွေးနွေး မှုတွင်၊ ဤ မေးခွန်းလွှာ၏ အဖြေပေါ်မူတည်၍ ကျွန်ုပ်တို့မှ သင့် အလုပ်အား ကောင်းမွန်စွာ လုပ်ကိုင်နိုင်စေရန် ချိန်ညှိပြင်ဆင်မှုများ နှင့် အကူအညီများ အကြံပြုပေးမည်ဖြစ်ပါသည်။</p> <p>ကျေးဇူးပြု၍ သင့်လျော်သောအကွက်ကို အမှတ်ခြစ်၍ အောက်ပါမေးခွန်းများကို ဖြေဆိုပါ။</p>			

Sr.	Questionnaires	Yes	No	Don't know
1	သင်သည် ဖျားနာမှုကြောင့် လွန်ခဲ့သည့် နှစ်နှစ်အတွင်း အလုပ်ပျက်ဖူးပါသလား။			
2	ကျန်းမာရေးဆိုင်ရာအကြောင်းပြချက်ကြောင့် အလုပ်မှထွက်ခြင်း သို့မဟုတ် အနားယူဖူးခြင်းရှိပါသလား။			
3	အလုပ်ခွင်ကြောင့် နာမကျန်းတစ်ခုခု ရှိဖူးပါသလား သို့မဟုတ် အလုပ်ခွင်ကြောင့်ပို၍ ဆိုးရွားစွာ ဖျားနာဖူးခြင်းမျိုးဖြစ်ခဲ့ဖူးပါသလား။			
4	သင့်ကိုယ်သင် မသန်မစွမ်းဖြစ်နေသည် ဟု မှတ်ယူပါသလား။ အကယ်၍ မှတ်ယူ ပြီး သင့်အလုပ်အတွက် ချိန်ညှိပြောင်းလဲမှုများ လိုအပ်နိုင်သည် ဟု ခံစားရပါ သလား။			
5	လတ်တလောတွင် သင်သည် ရောဂါ သို့မဟုတ် ကျန်းမာရေးအခြေအနေတစ်ခုခု ကြောင့် ဆေးကုသမှု ခံယူနေပါသလား။			
6	လတ်တလောတွင် ကုသမှု သို့မဟုတ် ကျန်းမာရေးစစ်ဆေးမှု တစ်ခုခု ခံယူရန် ရှိပါသလား။			
7	မျက်မှန်ဖြင့် မပြုပြင်နိုင်သော အမြင်အာရုံ ပြဿနာများ ရှိပါသလား။			

8	နွားကြားကိရိယာဖြင့် မပြုပြင်နိုင်သော အကြားအာရုံ ပြဿနာများ ရှိပါသလား။			
9	သင့်တွင် မတ်တပ်ရပ်ခြင်း၊ ကွေးခြင်း၊မ ခြင်း၊ မြှောက်ခြင်း သို့မဟုတ် အခြား လှုပ်ရှားမှုများတွင် အခက်အခဲရှိပါသလား။			
10	သင့်မှာ နှလုံးသွေးကြောဆိုင်ရာ ကျန်းမာရေး ပြဿနာရှိဖူးပါသလား။			
11	သင့်တွင် စိတ်ကျရောဂါ၊ စိုးရိမ်စိတ်လွန်ကဲခြင်း၊ စိတ်ကစဉ့်ကလျားရောဂါ သို့မဟုတ် မိမိကိုယ်ကို နာကျင်ထိခိုက်လိုစိတ် အပါအဝင် စိတ်ရောဂါ သို့မဟုတ် စိတ်ပိုင်းဆိုင်ရာ ပြဿနာများ ရှိပါသလား။			
12	သင့်တွင် အစာခြေလမ်းကြောင်းဆိုင်ရာ ပြဿနာများ ရှိဖူးပါသလား။			
13	သင့်တွင် မူးယစ်ဆေးဝါး သို့မဟုတ် အရက်နှင့် ပတ်သက်သည့် ပြဿနာ တစ်ခုခုရှိဖူးပါသလား။			
14	သင့်တွင် မူးဝေခြင်း၊ ဝက်ရှူးပြန်ခြင်း၊ သတိလစ်ခြင်း၊ ရှင်းပြရန် ခက်သော ရုတ်တရက် မူးဝေခြင်း သို့မဟုတ် အသိစိတ်လွတ်ခြင်း များတွေ့ကြုံဖူးပါသလား။			
15	သင်သည် လက်ရှိတွင် ကိုယ်ဝန်ဆောင်နေ ပါသလား သို့မဟုတ် မကြာမီကာလအတွင်း ကိုယ်ဝန်ဆောင်ရန် စီစဉ်နေပါသလား။			
16	သင်သည် လွန်ခဲ့သည့်ငါးနှစ်အတွင်း အကြီးစားခွဲစိတ်မှုတစ်ခုခုလုပ်ဖူးပါသလား။			
17	သင့်တွင် နာတာရှည်ရောဂါများ ရှိပါသလား။ (ဥပမာ ဆီးချို၊ သွေးတိုး၊ ပန်းနာရင်ကျပ်)			
18	သင်သည် လတ်တလောတွင် ဆရာဝန် ဆေးစာညွှန်ကြားချက် အတိုင်း ဆေးဝါးများ မှီဝဲ သောက်သုံး နေပါသလား။			
19	သင့်တွင် ဓာတ်မတည့်မှု (အစားအသောက်၊ ဆေး၊ ပတ်ဝန်းကျင်) ရှိပါသလား။			
20	သင်သည် ဆေးလိပ်သောက်သုံးပါသလား?			
21	အရေးပေါ်အခြေအနေ ဌ သင့် အတွက် သီးခြားဆေးဘက်ဆိုင်ရာ သူနာပြုစုမှု ညွှန်ကြားချက်များ သို့မဟုတ် လိုအပ်ချက်များ ရှိပါသလား။			

22	ကူးစက်နိုင်သောရောဂါတစ်ခုခုကြောင့် သင်သည် ဆေးကုသမှု ခံယူဖူးပါသလား။			
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အထက်ဖော်ပြပါ မေးခွန်းတစ်ခုခုတွင် “YES” ဟုဖြေဆိုထားပါက ကျေးဇူးပြု၍ အလုပ်ခွင်မှ အနားယူခဲ့ရသည့် အချိန်ကာလ နှင့် ကုသမှု ခံယူခဲ့ ပုံ များကို အသေးစိတ် ရက်စွဲ နှင့် တကွ သင့်လျော်သလို ဖော်ပြပါ။



## Student Enrolment Form (Academic Year: 2024 – 2025)

Starting Date:

 Leaving Date:

Section 1: Student's Details				
First Name:	Date of Birth:	Passport style photo (taken within the last 6 months)		
Middle Name:	Nationality:			
Last Name:	Religion:			
Nickname:	Place of Birth:			
Passport Number / NRC Number:				
Date of Issue:	Expiry Date:			
Type of Visa:	Visa Expiry Date:			
Intended Date of Entry / Year Group:				
<b>Siblings at MISY (Name, Age, Gender and Year Group):</b> 1. 2.				
Section 2: Student's Previous School (s)				
Please use reverse chronological order (i.e. start with the student's last school)				
School	From	To	Year / Grade Level Completed	
1.				
2.				
3.				
4.				
Section 3: Student's Language Ability				
Is English the child's 1 <sup>st</sup> Language?		Yes No	If the answer is no please complete the table below	
English	Very Good	Good	Fair	A Little

Listening				
Speaking				
Reading				
Writing				
Which language is spoken within the family?		Does the child understand any other language(s)?		

#### Section 4: Student's Medical and Emergency Information

<p>A. Does your child have any <b>medical condition(s)</b> that might affect their life at school? Yes / No. If yes, please give details.</p> <p>B. Does your child have any <b>allergies</b>? Yes / No. If yes, please give details.</p>	<p>C. Is your child on <b>prescription drugs</b>? Yes / No. If yes, please give details.</p> <p>D. Does the student have any special <b>dietary requirements</b>? Yes / No. If yes, please give details.</p>
<p>Family Doctor's name:</p> <p>Address:</p>	
<p>Contact Number:</p>	
<p>Does the student have health insurance? Yes / No. If yes, please give details.</p> <p>Company and Policy Number:</p>	

### IN CASE OF EMERGENCY

Who should we contact in case of an emergency if we cannot get hold of either parent?

Name    Relation to child / family    \_ Contact telephone numbers

In case of an emergency the school will take the child to a suitable medical facility in Mandalay for treatment. Parents will be responsible for the cost of the treatment.

### Section 5: Student's Medical Background

**Please indicate which, if any, of the following conditions your child had previously or is currently receiving help / treatment for.**

ADD / ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Convulsions / Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Congenital Heart Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Chronic Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Chronic Liver Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Dietary Restriction	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Frequent / Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Frequent nosebleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Frequent stomach aches	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Haemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Hearing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Hepatitis A, B or C	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Hyperthyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:

Hypothyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Insect Sting Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Leukaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Rashes / skin problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Sight difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Speech difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Sleep Disorders (Insomnia)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
<b>Please indicate which, if any, of the following illnesses your child has had.</b>		
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
German Measles (Rubella)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Influenza (flu)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
<b>Please indicate which, if any, of the following mental health disorders your child has had.</b>		
Anxiety Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Bipolar Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Post traumatic stress disorder (PTSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Obsessive-Compulsive Disorder (OCD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
<b>Please indicate which, if any, of the following Genetic and Autoimmune disorders your child has had.</b>		
Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Orthopaedic conditions (Scoliosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Obesity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Systemic Lupus Erythematosus	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
<b>Please indicate which, if any, of the following vaccinations your child has had.</b>		
BCG - Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:

Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Covid Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
DTP - Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
HIB	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Japanese B encephalitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
OPV - Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Typhoid	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Influenza Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details:

### Section 6: Student's Academic and Learning Needs Background

<p>1. Has your child ever been placed in a class above or below their chronological age? Yes / No. If yes, please give details.</p>	<p>2. Has your child ever attended special classes because of an exceptional talent? Yes / No. If yes, please give details.</p>
<p>3. Has your child ever been seen by an Educational Psychologist <input type="checkbox"/> Yes <input type="checkbox"/> No Occupational Therapist <input type="checkbox"/> Yes <input type="checkbox"/> No Counsellor <input type="checkbox"/> Yes <input type="checkbox"/> No Speech Therapist / other specialists? <input type="checkbox"/> Yes <input type="checkbox"/> No Psychiatrist <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details.</p>	<p>4. Has your child ever received any special help or ever attended special classes for any learning, social, behavioural or emotional difficulties? Yes / No. If yes, please give details.</p>

### Parent's / Guardian's Details

#### Father

First Name		Middle Name		Last Name	
Nationality		Passport No		Type of Visa	
Company				Position/Title	
				Office Telephone	

Home Address			Home Telephone		
			Mobile		
			E-mail address		
<b>Mother</b>					
First Name		Middle Name		Last Name	
Nationality		Passport No		Type of Visa	
Company			Position/Title		
Home Address		Office Telephone			
		Home Telephone			
		Mobile			
		E-mail address			
<b>Maid</b>					
Maid's name			Maid's number		
<b>Driver</b>					
Driver's name			Driver's number		
<b>Guardian</b> (must be completed if child is not living with parents)					
First Name		Middle Name		Last Name	
Nationality		Passport No		Type of Visa	
Company			Position / Title		
Home Address of Guardian		Home Telephone			
		Mobile			
		E-Mail address			

## Annual student medical questionnaire

Student's details			
Student name		Date	
Date of birth		Teacher	
Grade/Year		Address	

Student health information	
<u>Known medical conditions</u>	
<b>Please indicate which, if any, of the following conditions your child had previously or is currently receiving help / treatment for.</b>	
ADD / ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions / epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congenital heart diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary restriction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent nosebleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent stomach aches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis A, B or C	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hyperthyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leukaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rashes / skin problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sight difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sleep disorders (Insomnia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate which, if any, of the following illnesses your child has had.</b>	
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No
German Measles (Rubella)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza (flu)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate which, if any, of the following mental health disorders your child has had.</b>	
Anxiety disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bipolar disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post traumatic stress disorder (PTSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obsessive-compulsive disorder (OCD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate which, if any, of the following genetic and autoimmune disorders your child has had.</b>	
Down syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopaedic conditions (Scoliosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Systemic Lupus Erythematosus (SLE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate which, if any, of the following vaccinations your child has had.</b>	
Covid Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIB	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has your child ever been seen by:</b>	
Educational Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No



Speech Therapist / other specialists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counsellor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have answered <b>yes</b> to any of the above, please provide details.</p>	
<p>List any changes that have occurred in your child's medical condition since the last school year</p>	
<p>List any medication currently being used and the reasons for the medication</p>	

## EMERGENCY CONTACT AUTHORISATION

In the case of illness or accident during school hours, please indicate below who should be contacted with all possible phone numbers according to priority. **This will be the order in which we call parents to inform of any concern and to request transport of your child.**

Please list the parent's full name and relationship to the child. ( mother, father, guardian, step-parent, foster-parent, etc.)

<b>Parent Information</b>	
Name	work
Home	mobile
<b>Parent Information</b>	
Name	work
Home	mobile
<b>Other Emergency Contacts</b>	
Name	
Relationship	
Telephone number	

- In an emergency, your child will be transported to the nearest medical facility to obtain appropriate treatment as deemed necessary by the local ambulance service or duty doctor.
- I give permission for release of information on this form to meet my child's medical needs in school or in an emergency.

Signature of parent/guardian

Date

**Risk assessment for Students with medical & surgical conditions  
(Needed for Additional Support from School)**

**Student Name :**

**Year :**

**Date of Incident ( Injury, Illness, Medical & Surgical procedures) :**

**Date of form completed :**

**Assistance Required: From To**

**Medical Diagnosis :**

No	ADLs/IADLs	Requires No Assistance	Some Assistance Needed	Complete Assistance Needed	Arrangement(s) Required
1	Oral Care				
2	Toileting				
3	Transferring				
4	Walking				
5	Climbing Stairs				
6	Eating				
7	Computer Typing				
8	Hand Writing				
9	Educational Trip				
10	PE & Outside Events				
11	Tournament				

**Remark:**

## Recording template : sample of record

<i>Myanmar International School Yangon(MISY- Yangon Campus)</i>									
<i>No.</i>	<i>Date</i>	<i>Time Arrived</i>	<i>Name</i>	<i>Year</i>	<i>Reason(s) to visit clinic</i>	<i>First Aid and Nursing Management</i>	<i>Time Left</i>	<i>Parent Notification</i>	<i>Remark</i>

## Occupational Health Referral Form

### REFERRAL DETAILS To be completed by HR/Manager

( This form will form part of the medical file which the employee is entitled to see. )

HR contact

Manager's name

Name of Employee		Department	
Date of Birth		Job Title	
Mobile		Email	

- The work has the following major features ( place a ☒ in the relevant box. )

Full time		Working in isolation	
Part time		Sitting for long periods	
Management responsibilities		Standing for long periods	
Computer use		Handling chemicals	
Manual handling		Mentally/Emotionally demanding	
Working in temperature extreme		Other( please specify )	
Physical demanding			

- Details of dates and reason for past and current sickness absence- 12 months history

Date	No of days	Reason


- Reason for referral ( Please put a ☒ in the relevant box )

Long term sickness absence		Frequent short term absence	
Work related accident/health problem		Advice relating to Health and Safety regulation	
Concern over ability to perform duties		Review the following previous referral	
To determine fitness before or soon after return to work		Others ( please specify )	

#### Detailed reasons for referral

- Please tick the questions that you would like occupational health to address

Is there any underlying health problem	
If so, what is the likely time scale for recovery and/or when do you anticipate a return to work?	
Are there any short-term restrictions to the work tasks or environment that would help facilitate rehabilitation?	
How long would you expect these restrictions to apply?	
Are there any permanent adjustments to the work tasks or environment recommended?	
If and when the person returns to work, will they be able to carry out their job description?	
Other advice sought ( please detail below )	

#### Use Only Healthcare Department

Client Name:	
Referral reviewed by:	
Reviewed date:	

From whom?	
Appointment given on:	

Detailed Findings:

## Appendix 3: Medical advice for parents (in parent handbook)

### Preventing childhood infection

Most infections are spread from faecal-oral and respiratory routes from other infected children. To help prevent childhood infection from spreading:

- cover the nose and mouth with a tissue or elbow when coughing or sneezing, throw the tissue away after use;
- wash hands frequently and thoroughly with soap and water, especially after coughing or sneezing or using the toilet or changing a nappy (diaper) and before preparing food and eating;
- avoid touching the eyes, nose, or mouth, germs spread that way;
- try to avoid close contact with sick people;
- avoiding sharing food or drinks with other people.

If you or your child gets sick, you or your child should stay at home and keep away from work or school and limit contact with others to keep you away from infecting them.

### When to keep children at home

If your child is sick the best place for them is at home. Parents/guardians should never bring their child to school if they know their child is sick. The nurse's rooms are for the treatment of minor accidents and illnesses only. If you believe that your child is not well enough to participate in the entire day's programme including after school activities, educational visits, PE, swimming lessons etc. you should keep them at home.

Your child must remain at home if they have any of the following:

- fever of 37.2°C or above;
- symptoms such as nausea, recurrent vomiting, diarrhoea or severe abdominal pain;
- red eye;
- head lice;
- rashes such as impetigo, also known as Guam sores;
- a persistent cough;
- red inflamed or discharging eyes;
- any open sore oozing fluid or pus.

Parents/guardians should always keep a child at home if the child contacts a contagious disease such as herpes simplex, measles, chicken pox, red eye etc. If this is the case they must also contact the nurse so that other families can be notified and the disease contained.

We know it can be difficult to make an early decision about whether or not your child is too sick to go to school. Often you may not be able to tell if they are going to get better or worse during the school day. Also, if your child frequently complains of being sick and wants to miss school, you should think about whether or not your child is deliberately trying to avoid school. It is important to find out the reason if this appears to be the case. To help you here are some guidelines to help make that early morning decision.

### Chickenpox

Your child should stay at home until all bumps are scabbed and no new bumps have shown up in two



days. See your doctor for treatment of symptoms.

### **Diarrhoea and vomiting**

One event of watery diarrhoea or more than one event of vomiting are reasons to keep your child home. If vomiting or diarrhoea continues or your child also has a fever, rash or weakness, see your doctor.

### **Fever**

Children with fever over 37.2°C should stay home until there is no fever for 24 hours. If you treat a fever with medicine before school, the fever can return and your child may still be contagious. See your doctor if your child has a fever with pain, rash, weakness, vomiting or diarrhoea.

### **Impetigo and Hand, Foot and Mouth Disease**

If your child has impetigo (red, oozing blister areas with yellow-gold scabs on the body or face) they should stay at home as long as your doctor says. Please inform your class teacher.

### **Lice**

If your child has lice, they need to be treated and nits (eggs) removed and they must stay at home until the nurse says they can return. Please inform the class teacher, as action may be needed to be taken at school to prevent spreading.

### **Persistent coughing**

If your child's cough is worse than you would expect with a cold, keep them at home. If they have a hard time breathing or have a fever, see your doctor.

### **Persistent ear pain**

Your child should stay at home if they have a lot of ear pain. See your doctor for treatment.

### **Red eye/conjunctivitis**

If your child's eye is red with cloudy or yellow drainage, they should stay home until symptoms are gone. See your doctor for treatment. As red eye is very contagious please inform your class teacher.

### **Scabies**

If your child has scabies (a contagious disease caused by a mite which involves itching and rash) they should stay at home for 24 hours after treatment. As scabies is very contagious please inform your class teacher.

### **Sore throat**

If your child has a sore throat and fever, or a severe sore throat without fever, they should stay home. See your doctor if there is a quick onset of fever and sore throat without cold symptoms.

### **Stomach-ache**

If your child complains of a stomach-ache, especially if they say it hurts to move and they do not want to eat, they should stay at home. See your doctor.