



St Andrew's College

## International Student Health Declaration

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Male  Female

Does your child have any existing medical conditions or concerns?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

New Zealand children are vaccinated against all of the following diseases. Please indicate by ticking the boxes which diseases your child has been vaccinated against:

Whooping Cough  Diphtheria  Tuberculosis  Tetanus  Measles  
 Mumps  Rubella (German Measles)  Polio  Hepatitis B

If your child has not been vaccinated against some or all of the above diseases, and the opportunity arises for vaccination at school, do you consent to this taking place?  Yes  No

Please state the diseases for which vaccination consent is given: \_\_\_\_\_

Does your child have any allergies (e.g. peanuts, wheat, penicillin, bee stings)?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Does your child carry any medication for this allergy?  Yes  No

Name any other medication your child requires: \_\_\_\_\_

Has your child had any of the following illnesses? (please tick appropriate boxes)

Measles  Rubella  Chickenpox  Mumps  Polio  
 Malaria  Tuberculosis  Rheumatic Fever  Meningitis  Hepatitis  
 HIV  Diphtheria

Are there any family medical conditions we should know about to ensure the safety of your child (e.g. allergies)?

Yes  No

If yes, please give details: \_\_\_\_\_

Does your child have a history of psychological illness (e.g. eating disorder, depression)?  Yes  No

If yes, please give details including current state of psychological wellbeing and current treatment/medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment on any other special health or medical needs your child has: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **Student Visa / Permit requirements regarding health**

If you are intending to study in New Zealand for 12 months or more, a **medical and x-ray certificate** will be required as part of your application for a student visa. This form can be obtained on the New Zealand Immigration Service website:

[www.immigration.govt.nz](http://www.immigration.govt.nz). In addition, students from countries identified as a tuberculosis risk must provide a chest x-ray if intending to study in New Zealand for more than six months.

### **Medical Insurance**

The Ministry of Education in New Zealand requires all international students to have medical and travel insurance, and insurance for the duration of their time in New Zealand. The parent or guardian is required to arrange this insurance on behalf of the student. It will cost approximately NZ\$500 per annum. This insurance must be arranged before the student arrives in New Zealand. The College will check that this insurance has been arranged before the student starts.

#### **Declaration**

I declare that I have read and understood all of the above, and have accurately completed all questions regarding the health of my child. I understand that this information will be provided to those responsible for the care of my child, including the accommodation provider and care provider / guardian.

Signature of parent:

Name of parent:

Relationship to child (mother, father, legal guardian):

Date: