



المدرسة الهندية مسقط

INDIAN SCHOOL MUSCAT

(Affiliated to the Central Board of Secondary Education, New Delhi. Affiliation No. 6130001)

ص.ب: ٢٤٧٠، روي، الرمز البريدي: ١١٢، سلطنة عمان، هاتف: ٢٤٧٨٤٠٩٧، ٢٤٧٨٤٠٦٩، ٢٤٧٨٤٠٥٥، ٢٤٧٠٢٥٦٧، فاكس: ٢٤٧٩٤٩١٩

P.O. Box: 2470, Ruwi, Postal Code: 112, Sultanate of Oman - Tel.: 24784097, 24784069, 24784055, 24702567

Email: info@ismoman.com Website: www.ismoman.com



ISM/PRN/021/2025-26

April 17, 2025

CIRCULAR TO PARENTS OF CLASSES KG TO XII CHILDHOOD VACCINATION INFORMATION

Dear Parent,

Greetings from Indian School Muscat!

As per the instructions received from the Directorate General of Health Services (MOH), we would like to inform you that all students enrolled in schools across the Sultanate are being surveyed for their previous vaccination records. This initiative aims to ensure that students are up to date with the national vaccination schedule followed in the Sultanate of Oman, according to their age group.

In cases where there is no documentation of a student's previous vaccinations, the required vaccines will be administered during the academic year in accordance with the National Immunization Program. A new vaccination card will also be issued to the student.

We kindly request your cooperation in completing the required information and submitting attached the form along with the necessary attachments.

The last date of submission of the form is on **Thursday, 24th April, 2025.**

Kind regards,

Rakesh Joshi
Principal





المدرسة الهندية مسقط

INDIAN SCHOOL MUSCAT

(Affiliated to the Central Board of Secondary Education, New Delhi. Affiliation No. 6130001)

ص.ب: ٢٤٧٠, روي, الرمز البريدي: ١١٢, سلطنة عمان, هاتف: ٢٤٧٨٤٠٩٧, ٢٤٧٨٤٠٦٩, ٢٤٧٨٤٠٥٥, ٢٤٧٠٢٥٦٧, فاكس: ٢٤٧٩٤٩١٩
P.O. Box: 2470, Ruwi, Postal Code: 112, Sultanate of Oman - Tel.: 24784097, 24784069, 24784055, 24702567
Email: info@ismoman.com Website: www.ismoman.com



CHILDHOOD VACCINATION INFORMATION

Has the student been vaccinated during childhood (under two years of age) for the following:

- Tdap
- MMR
- OPV
- Hepatitis B (HepB)

NOTE:

If YES, please attach a copy of the vaccination card. Submission of the vaccination card is mandatory.

If NO, the following vaccinations will be administered as per the following schedule

First dose:

- Tdap
- MMR
- OPV

Second dose (to be administered one month later):

- Hepatitis B (HepB)
- OPV

STUDENT HEALTH INFORMATION:

Please specify if the student has any health conditions or is currently on medication.

Health problems (if any): _____

Medication (if any): _____

CONSENT FORM

I hereby state that I have no objection to my ward receiving vaccinations from the Ministry of Health (MOH) through the school.

Name of student: _____ Class & Division: _____

GR No.: _____ Student civil or passport number (attach copy) _____

Name of parent: _____ Signature: _____

Contact number: _____ Date: _____ Wilayat: _____