Physical Examination Form

Confidential

- This form should be completed and signed by a registered medical practitioner in Hong Kong prior to entry. New students may not begin classes until they have submitted this form to the School Office.
- Please keep a copy of this form before returning the original to the School Office.

Student Name: _____ D.O.B. (dd/mm/yy): _____ /_____ /_____

Past History (with dates)

Medical	Surgical:

Medical Examination

System	Normal	Abnormal	Comments
Cardiovascular Heart Murmur			
Respiratory (Asthma)			
Neurological Vision Hearing			
Gastrointestinal			
Urological			
Musculoskeletal			
Skin			
Ear, Nose, Throat			
Hematological/ Lymph System			
Endocrine Reproductive			
Menses	Yes / No		
Testes	R+ / L+		

Pulse Rate: /min B.P.: Height: cm Weight: kg

Allergy

Medications:	Food:	Others:

Does the student take any medication on a regular basis?

Childhood Diseases (Please check the boxes if your child has had any of the following conditions.)

Chicken Pox	☐	Mumps	☐	Rheumatic fever	☐
Measles (type)	☐	Pneumonia	☐	Whooping cough	☐
Other	☐	_____			

Vaccinations (Please print dates or provide a copy of vaccination record alternatively.)

Vaccination	Dates (dd/mm/yy)				Vaccination	Dates (dd/mm/yy)			
BCG					Hepatitis A				
DPT					Haemophilus B				
DT					Pneumococcal				
Polio					HiB				
MMR					Chicken Pox				
Hepatitis B					Meningococcus				

Doctor's Name (in block letter) _____ Doctor's Signature: _____

Surgery: _____ Doctor's Office Tel.: _____

Stamp: _____ Date: _____

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