Faith International Academy

MEDICAL EXAM FORM

To be completed by the Doctor

PASSPORT NAME: _____ PREFERRED NAME: _____

BIRTH DATE (mm/dd/yy): _____ GENDER: _____ GRADE (in which enrolling): _____

MEDICAL EXAMINATION:

General Appearance _____
General Nutrition _____
Posture *(Scoliosis)* Yes_____ No _____
Height _____
Weight _____
Skin _____
Scalp _____
Eyes & Lids _____

Ears _____
Nose & Throat _____
Mouth _____
Teeth & Gums _____
Glands _____
Breasts _____
Lungs _____
Heart murmurs _____

Blood Pressure _____
Pulse _____
Abdomen _____
Bones & Muscle _____
Nervous System _____
Emotional Problems _____
Vision _____
Other _____

Allergies & Reaction: _____

Chronic Medical Conditions (eg.diabetes, asthma)**:** _____

Laboratory Tests Results (urinalysis and CBC are required for students entering 6th grade & up):

Urinalysis: _____ CBC: _____

RECOMMENDATIONS:

1.	Is special seating recommended?	Yes _____	No _____
2.	Does the student have any uncorrectable defects?	Yes _____	No _____
3.	Does the student require any regular medication?	Yes _____	No _____
4.	Does pupil require continuing medical treatment?	Yes _____	No _____
5.	Is there evidence of emotional upset?	Yes _____	No _____
6.	Is there need for dietary corrections?	Yes _____	No _____
7.	Does the student require vision correction?	Yes _____	No _____

**Number 1 to 7--If YES, please explain: _____

_____

Is the student capable of carrying a full academic work load? Yes _____ No _____
Is the student capable of unlimited physical activity? Yes _____ No _____
Is the student cleared to participate in sports? Yes _____ No _____

**If NO, please give specific guidelines or restriction: _____

_____

_____

Physician's Printed Name with Signature: _____ Date of Exam: _____

Name of Hospital or Clinic: _____ Phone Number: _____

Revised: 05/2018