



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 _____	Ears _____	Blood Pressure _____
General Nutrition _____	Nose & Throat _____	Pulse _____
Posture (<i>Scoliosis</i>) Yes _____ No _____	Mouth _____	Abdomen _____
Height _____	Teeth & Gums _____	Bones & Muscle _____
Weight _____	Glands _____	Nervous System _____
Skin _____	Breasts _____	Emotional Problems _____
Scalp _____	Lungs _____	Vision _____
Eyes & Lids _____	Heart murmurs _____	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: _____