



Amano Christian School
Physical Examination Form

Name of Student:

Date of Birth: day.....month.....year.....

Height:centimetres

Weight:kilogrammes

Blood pressure:.....

Pulse:

Vision: Uncorrected

Right:.....

Left:

Corrected

Right:.....

Left:

Urinalysis:

Physical examination.

	Normal (Tick)	Abnormal (Describe)
Lymph nodes		
Skin		
Eyes		
Ears, hearing		
Nose, sinuses		
Mouth, teeth		
Throat, tonsils		
Heart		
Lungs, chest		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurological		

(continued overleaf)

Summary:

.....
.....
.....
.....
.....

Recommendations:

.....
.....
.....
.....
.....

Date of examination: daymonth..... year.....

Physician's signature:..... Qualification:

Date:

Physician's name and address of Medical Institution:

.....
.....
.....

Official Stamp:



Amano Christian School Student Medical History

Parents/guardians should complete all parts of the form, printing clearly.

Important: because of international variation recording dates, please give all dates in the form of DAY/ MONTH/ YEAR with the MONTH written in at least 3 letters NOT IN NUMBERS, e.g. 7 Jun 99.

Surname of student:.....

Other names:.....(Underline preferred name)

Date of birth: day.....month.....year.....

Nationality:.....

Family history

Have any members of the family or blood relatives ever had:

	No	Yes	Relationship		No	Yes	Relationship
Allergies				Heart disease			
Asthma				Migraine Headaches			
Cancer				Tuberculosis			
Diabetes				Sickle Cell Disease			
Epilepsy/seizures				Other serious diseases (specify)			
Emotional Disturbance							

Personal history

Does this student have or has he/she had the following:

	No	Yes	Date, details and treatment
Asthma			
Bilharzia (schistosomiasis)			
Blood transfusion			
Cancer			
Diabetes			
Dental problems			
Ear infections			
Epilepsy (seizures)			
Hay Fever			
Heart Murmur			
Headaches (frequent)			

(Continued overleaf)

	No	Yes	Date, details and treatment
Hepatitis			
Intestinal Parasites			
Malaria			
Measles (not German)			
Menstrual problems			
Mumps			
Polio			
Rheumatic Fever			
Rubella (German measles)			
Sickle cell disease			
Typhoid			

Please list other significant illnesses with dates, details and treatments:

.....

.....

.....

.....

Please list all surgery and significant injuries with dates, details and treatments:

.....

.....

.....

Any allergies to:

	No	Yes	Specify what
Medications			
Foods			
Other allergies			

Blood type

Please describe as completely as possible any current medical problems or disabilities including medications needed, follow-up evaluations to be done, limitations in activities etc. (Use a separate sheet of paper if necessary)

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Any child discovered with a long-term ailment not declared by the parent/s may be asked to leave the school.

Signature of parent/guardian:..... Date:.....



Amano Christian School
Immunization Record

To be completed by parents or guardians. Please print clearly.

Surname of student:.....

Other names:.....(Underline preferred name)

Please give complete information for each vaccination, including type of vaccine (oral or injected), dates for every dose given, not just the most recent. In case of combination vaccines such as DPT or MMR, it is necessary only to list it by combination, not by each individual part. Incomplete records will need to be done again.

	Dates (every dose) day/month/year e.g. 7 Jun 99
DPT (Diphtheria/Pertussis/Tetanus)	
DT or TD (Diphtheria/Tetanus)	
Tetanus	
Polio (specify 'oral' or 'injected')	
MMR (Measles, Mumps, Rubella)	
Measles	
Mumps	
Rubella (German measles)	
Cholera	
Typhoid (specify 'oral' or 'injected')	
Yellow Fever	
Gamma Globulin	
Hepatitis B	
Hepatitis A vaccination	
Meningitis	
BCG Tuberculosis vaccination	
Other	

Any and all updates in medical history and immunizations following the completion of these forms need to be given to the Clinic on arrival at Amano Christian School.

Signature of parent/guardian:..... Date:.....