Application Form F: Physical Examination (to be completed by the applicant's doctor)

Student's Name: _____ Date: _____/_____/_____ Applying for Grade: _____
                                                   Day   Month   Year

To the Parent

We aim to cooperate with you in protecting and promoting the health of your child while he or she is in school. In order to comply with the entrance requirement of the International School of Tianjin, a physical examination within the past six months is required for all new students entering the school. Please give this form to your doctor for completion. IST can assist parents in locating health service providers in Tianjin who are able to complete this form in English.

To the Physician

Please give a physical examination to this student, completing the required information. The items indicated by an asterisk(*) should use the following code as appropriate:

(No defects = O, Defects = X, Immediate Attention Desired = XX, Under Treatment = T, Corrected = C)

Item			Item		Item	
Height		cm	*Nervous System		*Thyroid	
Weight		Kg	*Nourishment		*Lymph Glands	
Respiration		bpm	*Muscle Tone		*Lungs (Auscultation)	
Pulse		bpm	*Scalp		*Chest	
Blood Pressure		mmHg	*Skin		*Abdomen	
Blood Type (ABO&Rh)			*Eyes		*Spine	
Vision	L	R	*Color perception		*Extremities	
Corrected Vision	L	R	*Ears		*Menses (Yes/No)	
*Dental Caries			*Nose		*Testes	L R
*Heart (Auscultation)			*Tonsils		*Routine urinalysis	
*ECG			*Speech Defects		Other	

Additional Comments:

_____
_____
_____

Physical Activities (Normal physical education classes, swimming, and competitive sport):

Unrestricted: _____   Modified: _____   If Modified please give reason:

_____

Medication. Is the student taking any medication (oral or injection) on a regular basis? ☐ Yes   ☐ No

If yes, please explain:

_____

Doctor's Name: _____   Date of Examination: _____/_____/_____
                                                                     Day   Month   Year

Phone Number: _____   Email: _____

Signature: _____

Note: Please ensure that this form is stamped (chopped) with the physician's or hospital's official seal.