



The Overseas School of Colombo

Medical Report

Student's Name: (Last Name) (First Name) Grade:

Medical Examination By Physician

Development: Weight : Height :

Comments:

Eyes: Vision Right : Left :

Does the Student wear glasses? Yes / No

Ears: Hearing

Is there evidence of ear infections? Yes / No

Teeth: Permanent : Deciduous :

Nose:

Throat: Lymph Nodes

Lungs:

Heart: Size Murmurs:

Abdomen:

Genital:

Extremities:

Posture and Spine:

Reflexes:

Urine: Albumen : Sugar :

Blood: Hb

Blood Group & Rh Factor A B O AB Rh

Blood Pressure:

TB Skin Test: Type: Date: Result:

BCG Vaccine: Date:

Recommendations for physical activity

Full physical activity

Modified physical activity because of:

Medical History

Mark the relevant medical concerns.

- Allergies Asthma Congenital Anomalies
- Convulsions Epilepsy Diabetes
- Recurring Ear Infections Hearing Difficulties
- Frequent Headaches Heart Problems Kidney
- Urinary Infections Menstrual Problems
- Orthopedic Problems Post-operative Condition
- Rheumatic Fever Skin Problems
- Tuberculosis Visual Problems Other.

Please comment

Medication:

Is the student on medication? Yes / No

Does the student take it himself Yes / No

Please list the name of the medication and frequency.

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The school doctor is allowed to administer medicine and inform parent/guardian as deemed necessary. Yes / No

Immunizations:

Date of last booster:

Diphtheria/Tetanus/ Pertussis :

Tetanus (every 10 years) :

Typhoid (three years) :

Mumps :

Oral polio :

Measles :

Rubella :

Other :

Emergency Contact No.

Residence: Office:

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified.

Declaration:

I certify that all information given is complete and correct.