

Medical Examination Report School Entrance

Name of child _____ Date of Birth _____

Fathers 's Name _____ Mother's Name _____

Address: _____

_____ Post Code _____

Full name of Medical Practitioner filling this Report: Dr _____

Address: _____

I have examined: _____

Any relevant family history: _____

Previous illness of child: measles, jaundice, chickenpox, undulant fever, whooping cough, other illnesses or allergies:

Has he/she any complaints with regards to:

Skin and hair: _____

Eyes: _____

Ears: _____

Nose and throat: _____

Speech difficulty: _____

Heart and circulation: _____

Lungs: _____

Nervous system (esp. convulsions) _____

Physical form: _____

Mental condition: _____

Autism or ADHD: _____

Other difficulties or diseases (esp. congenital of contagious): _____

Date

Doctor's Signature

Note: certificate of vaccinations against diphtheria, tetanus and MMR are to be attached.

