

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

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

### 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 who are able to complete this form in English.

### To the Physician

Please give a physical examination to this student, completing the required information and using the following code as appropriate:

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

Height	cm	Eye (coned)			Lymph Glands	
Weight	kg	Eye (vision)	R	L	Lungs	
Pulse		Eye (glasses)	R	L	Chest	
Heart & Circulation		Eye (contacts)	R	L	Respiration	
Blood Pressure		Color perception			Abdomen	
Blood Type		Ears (Otosopic)			Hernia	
Nervous System		Nose			Orthopedic	
Nutrition		Throat			Scoliosis Check	
Muscle Tone		Mouth Breathing			Menses (yes, no)	
Skin (eczema)		Speech Defects			Testes	R L
Scalp		Dental Caries				
Hair		Thyroid				

### Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_

**Urinalysis:** \_\_\_\_\_

**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: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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