

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

Student's Name: _____ **Date:** ____ / ____ / ____ **Applying for Grade:** ____
Month Day 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 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:** ____ / ____ / ____
(Block Letters) Month Day Year

Phone: _____

Address: _____ **Fax:** _____

Email: _____ **Signature:** _____

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