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)

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

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.