



Medical Examination Report

(School Entrance)

Name of child: _____ Date of Birth: _____

Father's Name _____ Mother's Name _____

Address: _____

Full name of Medical Practitioner filling this report: _____

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 complained with regards to:

Skin and hair : _____

Eyes: _____

Ears: _____ Nose and throat: _____

Speech difficulty: _____

Heart and circulation: _____

Lungs: _____

Nervous system (esp. convulsion) _____

Physical form: _____

Mental condition: _____

Autism or ADHD: _____

Other difficulties or diseases (esp. if congenital or contagious):

Has the child undergone any operations/previous injuries (describe) :

Does the child have any specific dietary needs:

Vaccines

I consider that the child is/ is not fit to enter school.

If it is considered that the child should, owing to some mental, emotional or physical needs receive education in a special school, please give reason for such recommendation.

If the child's case needs the opinion of a consultant, please refer case to relevant Department /Hospital and state to whom referred and for what reason.

Date

Doctor's Signature