



## 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):

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

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Does the child have any specific dietary needs:

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Vaccines \_\_\_\_\_

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**Kindly note that the 5 in 1 vaccine is a must**

**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.

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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.

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Date

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Doctor's Signature