



Hong Kong International School

PHYSICAL EXAMINATION FORM

For PHYSICIAN to complete: This form is required for **all new students** and any **returning Grade 3, Grade 6** and **Grade 9** within the first week of school.

Please log onto PowerSchool to upload a scan or photo of this form by clicking on "Forms" then "Health" then "Physical Examination".

(Student's Name - Last Name First)

(Birth Date - MM/DD/YYYY)

Age

Grade

TO THE PHYSICIAN:

Please make a physical examination of the above-named student

Height Centile	Eyes (condition)	Thyroid
Weight Centile	Eyes (vision) R L	Lymph Glands
Pulse	Eyes (corrected) R L	Heart & Circulation
Respirations	Color Vision	Lungs
Blood Pressure	Ears (otoscopic)	Chest
Nervous System	Nose	Asthma
Nutrition	Throat	Abdomen
Muscle Tone	Mouth Breathing	Hernia
Skin (eczema)	Speech	Orthopedic
Scalp / hair	Dental Caries	Scoliosis Check
Gross Motor Control	Allergies	Menses <input type="checkbox"/> Yes <input type="checkbox"/> No
Fine Motor Control	G6PD	Testes R L
Chronic Conditions / Serious Illnesses / Surgeries		

Comments _____

PHYSICAL ACTIVITIES: (Normal physical education classes, swimming and competitive sports)

Unrestricted Modified Reason (if modified) _____

MEDICATION:

1. Is this student taking any medication (oral or injection) on a regular basis?

Yes No (Please explain) _____

2. Is this student taking medication for intermittent or emergency use?

Yes No (Please explain) _____

DOCTOR'S NAME (Block Letters) _____ Doctor's Signature _____

Address _____ Date of Examination _____