



# BISME STUDENT HEALTH CERTIFICATE MEDICAL EXAMINATION

Last reviewed: July 2020

# STUDENT HEALTH CERTIFICATE

## Medical Examination

This form must be submitted before student's first day at BISME

Note to Parents: This form should be completed by a doctor. You may use a similar form provided by your doctor.

Pupil's Name			
Gender	M / F	Date of Birth	
		dd/mm/yyyy	
Normal temperature			
Height		Weight	

	Normal	Abnormal
Skin		
Head & Neck		
Eye sight ( with glasses/ without glasses)	Right	Left
Hearing test	Right	Left
Ears		
Nose, Throat		
Mouth/Teeth/Gums		
Chest/Lungs		
Heart		
Abdomen		
Musculo-Skeletal		
Scoliosis		
Lymph-nodes		
Nutrition		

Chest X-ray for Y10 and Y11 students
Electrocardiogram (ECG)
Other physical limitations, activity restrictions, etc. Please specify
Urine check: <ul style="list-style-type: none"><li>- Protein</li><li>- Glucose</li><li>- Occult blood</li></ul>
Comments

On the basis of this examination I approve this student's participation in school activities

**Clinic where check-up took place:**

\_\_\_\_\_

**Physician's Signature:** .....

**Date:**.....