



The Overseas School of Colombo

Medical Report

Student's Name: Grade:
(Last Name) (First Name)

Medical Examination By Physician

Development: Weight : Height :
 Comments:
 Eyes: Vision Right : Left :
 Does the Student wear glasses? Yes / No
 Ears: Hearing
 Is there evidence of ear infections? Yes / No
 Teeth: Permanent : Deciduous :
 Nose:
 Throat: Lymph Nodes
 Lungs:
 Heart: Size Murmurs:
 Abdomen:
 Genital:
 Extremities:
 Posture and Spine:
 Reflexes:
 Urine: Albumen : Sugar :
 Blood: Hb
 Blood Group & Rh Factor A B O AB Rh
 Blood Pressure:
 TB Skin Test: Type: Date: Result:
 BCG Vaccine: Date:

Recommendations for physical activity

- Full physical activity
- Modified physical activity because of:

Medical History

Mark the relevant medical concerns.

- Allergies Asthma Congenital Anomalies
- Convulsions Epilepsy Diabetes
- Recurring Ear Infections Hearing Difficulties
- Frequent Headaches Heart Problems Kidney
- Urinary Infections Menstrual Problems
- Orthopedic Problems Post-operative Condition
- Rheumatic Fever Skin Problems
- Tuberculosis Visual Problems Other.

Please comment

Medication:

Is the student on medication? Yes / No
 Does the student take it himself Yes / No
 Please list the name of the medication and frequency.

The school doctor is allowed to administer medicine and inform parent/guardian as deemed necessary. Yes / No

Immunizations:

Date of last booster:
 Diphtheria/Tetanus/ Pertussis :
 Tetanus (every 10 years) :
 Typhoid (three years) :
 Mumps :
 Oral polio :
 Measles :
 Rubella :
 Other :

Emergency Contact No.

Residence: Office:

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified.

Declaration:

I certify that all information given is complete and correct.