

Hillcrest School P.O. Box 652 13 Old Bukuru Road Jos, Plateau State Nigeria



## **Physical Examination Form**

TO BE COMPLETED BY PARENTS				
Surname:				
Given Names:				
Date of Birth: (day, month, year):				
Grade Applying For:				
Past Illnesses (please specify dates)				
Measles	Epilepsy			
Mumps	Whooping cough			
Chicken pox	Rheumatic fever			
Rubella	Malaria			
Other (specify)				
Family History (if yes, please be specific)				
Allergies				
Tuberculosis				
Diabetes				
Psychological/Emotional				
Immunization Record (give date of last inoculation)				
Polio	BCG or TB tine			
Measles (MMR)	Meningitis			
DPT	Yellow Fever			
Tetanus	Typhoid			
Other				
Hospitalization (gives dates and reason)				
Medication				
Anti-malarial drug and dose				
Malaria treatment regime				
Other medication taken regularly i.e. for asthma				
General medical information that may be relevant to the school.				
	Ilcrest School to give first aid as indicated. Should further care			
be necessary, we hereby instruct school officials to take our child to Evangel Hospital for immediate treatment.				
Names of Parents:				
Address:				
Telephone Numbers : (Father):	(Mother):			

Signatures: (Father):

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(Mother):

## Physical Examination Form (to be completed by physician)

Name of Student: Date of Birth:	
Height	Weight
Eyes	Nose
Ears	Mouth
Throat	Scalp
Heart	Lungs
Liver	X-ray if indicated
Hernia	Spleen
Extremities	

## **Laboratory Examination**

Urinalysis	Albumen	Glucose	SG
Microscopic			
Stool			
Microscopic			
Blood			
WBC	RBC	Differential	
Serology			
Blood Group			
Tuberculin Skin tes	t		
Others			

## **Recommendation:**

I consider \_\_\_\_\_\_ capable/incapable of taking part in all school activities without danger to himself/herself or others.

Please elaborate here if you wish to make any modification in the above statement or recommend any treatment.

Date:	
Name of physician (print):	
Signature of physician:	

**Official Stamp:** 

Health forms are required by every new or returning admission to the school and all current students entering 6<sup>th</sup> and 9<sup>th</sup> grades. Health forms should be completed in full and submitted, to the Superintendent's office, before or on the required date.



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