RITCHIES PRIMARY SCHOOL

MEDICAL EXAMINATION REPORT

To be completed by a Physician or Family Nurse Practitioner.

STUDENT'S NAME: .....

DATE OF BIRTH: ..... AGE: .....

Height: .....cm Weight: .....kg BP: .....

General Appearance: .....

Nutritional State: ..... Posture: .....

Skin: ..... Teeth/Gum: .....

Hair/Scalp: .....

Eyes: ..... Vision: R ..... L .....
(indicate whether tested with glasses or not)

Ears: ..... Hearing: .....

Nose/Throat: .....

Breasts: .....

Thyroid: .....

Respiratory System: .....

Cardiovascular System: .....

Central Nervous System: .....

Bones and Joints: .....

Deformities/Disabilities: .....

Genito Urinary System: .....

Urinalysis: Protein: ..... Sugar: .....

Other Investigations Indicated: .....
(Follow up report to be provided)

Remarks and Recommendations: .....

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Physical Activity: Unrestricted ☐
As Tolerated ☐
Limited ☐

If Limited, reason: .....

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Certified fit for admission to school: Yes ☐ No ☐

.....
Doctor's name (in full)

.....
Date

.....
Doctor's signature

.....
Address

OR

.....
Nurse Practitioner's Name (in full)

.....
Date

.....
Nurse Practitioner's Signature

.....
Address of Health Centre