

## BFS REPORT OF STUDENT MEDICAL EXAMINATION

Please administer the following tests as well as any others needed.

\_\_\_\_\_  
Name (Last, First, M.I.)                      Grade                      Date of Birth

Dear Doctors

For the items that you don't think necessary for this child, you can write "D" (deferred) on the blank lines. Please be strict on **immunization**. If you cannot find any records of immunization, please administer appropriate immunization(s). TB skin test (IPPD) should be administered **every year**.

(N) NORMAL              (SR) SEE REPORT              (D) DEFERRED

AGE:                      BP:                      HGT:                      WGT:

NUTRITIONAL STATUS:

SKIN:

EYES:              SCLERA:              PUPILS:              VISION: (R)      (L)              GLASSES:

EARS:              CANALS: (R)      (L)              DRUMS: (R)      (L)              HEARING: (R)      (L)

NOSE:              SEPTUM:              TURBINATES:

MOUTH:              LIPS:              TONGUE:              PHARYNX:

TEETH:              GINGIVA:

NECK:              MOBILITY:              LYMPH NODES:              THYROID:

THROAT:              SHAPE:              SYMMETRY:

LUNGS:

HEART:              RATE:              RHYTHM:              MURMUR:

ABDOMEN:              LIVER:              SPLEEN:              HERNIAS:

SPINE:

LOWER EXTREMITIES:              RANGE OF MOTION:              DEVELOPMENT:              STRENGTH:

UPPER EXTREMITIES:              RANGE OF MOTION:              DEVELOPMENT:              STRENGTH:

NEUROLOGICAL EXAM:

ATTENTION DEFICT DISORDER:

URINALYSIS(Results):

HEMOGLOBIN(Results):

IPPD(Results):

OTHERS(Result):

BFS REQUIRES EVIDENCE OF IMMUNIZATION FOR THE FOLLOWING:

DPT:              DDR:              POLIO:              IPPD:

I have seen evidence that these have been administered.

YES              NO

IMMUNIZATION GUIDED AND REQUIREMENTS

	2mo.	4mo.	6mo.	15mo.	18mo.	4-6yr	14-16yr
DPT (DT)	#1	#2	#3		#4	#5	DT
OPV	#1	#2	#3		#4	#5	
MMR				#1		#2	
IPPD							

Student who have lost records, must have one OPV booster, one DT booster, and one MMR booster along with the annual IPPD TB skin test. Complete the incomplete record and appropriate booster immunization.

COMMENTS:

I certify that this student has been examination shows that this student is physically able to participate in physical education activities, including inter-scholastic sports unless otherwise specified above.

PHYSICIAN'S SIGNATURE:

CLINIC / HOSPITAL :

DATE: