Makers Learning School
P.O.BOX 94478
Riyadh 11693,
Saudi Arabia

MLS
Makers Learning School
International
مدرسة صناع العلم العالمية

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صندوق بريد 94478
الرياض 11693
المملكة العربية السعودية

MEDICAL REPORT FORM

Mandatory requirement prior to Admission. To be completed by <u>family physician</u>

Child's Family Name	Child's First Name	Date of Birth
Date of examination (day / month / year)		
PHYSICAL EXAMINATION		
Height	Weight	Development
Eyes: Vision (with/without spectacles)	Right	Left
Ears: Hearing (audiometry)	Right	Left
Skin:	Mouth:	Nose:
Nose:	Throat:	Lymph Nodes:
Heart:		
Lungs:	Abdomen:	
Extremities	Reflexes:	
Posture: Spine	Feet:	
Does the child have any special medical problems that the school should know about?		
Does the child take medication regularly? Yes / No. If Yes, please give details		
Is the child allergic to anything, including medication? Please give details		

Does the child have any of the following (tick applicable box) and write any further comments below or attach a letter giving full details.

☐ Heart Condition	☐ Eczema	☐ Coordination Problems
☐ Migraine	☐ Vision Problems	☐ Epilepsy Convulsions
☐ Hearing Problems	☐ Diabetes	☐ Speech Difficulties
☐ Allergies (please specify below)	☐ Orthopedic Problems	☐ Concentration Problems
☐ Hospitalization and/or operations (please specify below)		☐ Behavioral Problems
☐ Asthma: takes medication? Yes/No. If Yes, please supply an inhaler/medication to be kept in the school clinic for routine/emergency use.		
Any other relevant medical information		

Doctor's Signature	Print Name
Date	