



MEDICAL EVALUATION: PART 1 (To Be Completed By Your Registered Physician)

AISK requires new students to have a physical examination within 6 months of their enrollment date. Please have your physician complete the form below and return to AISK prior to child's date of enrollment.

To the Physician: Please complete a physical examination of the student named below.

Name		Date of Birth (DD/MM/YY)	
Family Name	First Name		
Address		Grade in AISK	
		Gender	

	Normal	Describe Abnormal		Normal	Describe Abnormal
Neurologic			Neck		
Lymphatic			Shoulder		
Heart			Arms/Hands		
Lungs			Hips		
Abdomen			Knees		
Genitalia			Feet/Ankles		
Skin			Vision Screening		
Auditory Screening			Speech Screening		

Does this child have any physical disabilities/impairments? Yes No
 If YES, please provide details. _____

Does this child have any medical conditions or require medication in order to meet his/her potential at school? Yes No
 If YES, please provide a copy. _____

Please attach any additional information, if needed.

Medication – is this student taking any medication (oral or injected) on a regular basis?
 No Yes, please explain. _____

Doctor's Name (please print)	Date of Examination
Address	Telephone
Email Address	Fax
Signature	