LYCEUM
INTERNATIONAL SCHOOLS

MEDICAL FORM

(To be completed by a General Practitioner)

Student's Name : ..... Date : .....
Date of Birth : .....

Physical Examination	Results	Comments
Height		
Weight		
Any vision problem		
Any hearing deficiency		
Any Cardio Vascular problem		
Lung diseases		
Any known Allergies		
Any special health problems (eg: history of fits, mental deficiency)		
Is the child on any long-term medication (please specify)		

RECOMMENDATIONS FOR PHYSICAL ACTIVITIES IN SCHOOL

☐ Full Physical Activity

☐ Modified physical activity because of : .....

Other special recommendations :.....

I certify according to the information furnished that .....
is physically and mentally fit.

Past Medical History : .....

.....

.....

....
Name of Doctor Telephone Number Signature and Seal of Doctor

....
Family Doctor's Name Telephone Number