

Kwangju Foreign School
106 Sams0-ro, Buk-gu Gwangju Korea 500-480
Tel/Fax (062) 575-0900/ 575-0902

REPORT OF MEDICAL EXAM

Name (Last, First, Middle) Grade Date of Birth

(Medical Exam must be current – within 12 months of entry date)

(N) Normal **(SR) See Report(Attached)**

Age _____ BP _____ Hgt. _____ Wgt. _____

Nutritional Status : _____

Skin : _____

Eyes _____ Sclera _____ 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 Deficit Disorder _____

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

Urinalysis (Results) : _____

Hemoglobin (Results) : _____

TB Skin Test(Results) : _____

KFS requires evidence of immunization for the following :

DPaT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Polio(IPV/OPV) #1 _____ #2 _____ #3 _____ #4 _____

MMR #1 _____ #2 _____ **Hepatitis B** #1 _____ #2 _____

I have seen evidence that these have been administered.

YES _____ NO _____

Please be strict on immunization. Student who has lost record must have on IPV, DT, MMR booster along with Tuberculin skin test.

Comments : _____

I Certify that this student has been examined by me. This 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 : _____