



SHEIKH ZAYED INTERNATIONAL ACADEMY - ISLAMABAD

أكاديمية الشيخ زايد الدولية - إسلام آباد

STUDENT HEALTH FORM

Part II : To be filled by a Child Specialist or Child's Regular Physician

Student's Name _____ M F
first Middle Last

Student's Date of Birth _____

Name of Father : _____

Vision Screening Right Eye 20/ ____ Left Eye 20/ ____ Both 20/ ____

Hearing Screening Right Ear ____ Left Ear ____ Equipment Used _____

General Physical Examination : _____

General appearance : _____

Nutritional Status : _____

Posture / Motor Behavior : _____

Ear Nose Throat : _____

Heart : _____

Lungs : _____

Abdomen : _____

Genitalia (Tanner Stage): _____

Bones , Joints, Muscles _____

Neurological : _____

Skin : _____

Other : _____

Estimated Developmental Level : _____

Weight	
Height	
BP	
Blood Hb	Blood Group
URINE	
Albumin	

Summary of abnormal findings, if any: _____

Medical Diagnoses: _____

Assessment: _____

Recommendations and referrals made, if any: _____

Physician Name: _____ Physician Number: _____

Physician Address: _____

Physician Signature : _____ Date: _____

