



**ST. PETER CLAVER HIGH SCHOOL
FORM ONE MEDICAL FORM 2022**

Today's Date: _____

Student's Legal Last Name	Legal First Name	Legal Middle Name	Date of Birth
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PART 1: HEALTH HISTORY

(To be completed and signed by parent/guardian and health care provider.)

List all allergies (food, drug, insect, other). Anaphylaxis?		MEDICATIONS (list all taken on a regular basis)	
Comments		Comments	
Asthma?	Y N	TB?	Y N
Birth Defects?	Y N	Hospitalized? When? Why?	Y N
Blood Disorder?	Y N	Surgeries? When? Why?	Y N
Diabetes?	Y N	Please share any other concerns or pertinent information:	
Seizures?	Y N		
Heart/Breathing Problems	Y N		
Heart Murmur / HBP?	Y N		
Dizziness / Chest Pain?	Y N		
Eye/Vision Problems?	Y N		
Ear/Hearing Problems?	Y N		
Bone/Joint Problems?	Y N		
Dental Problems?	Y N		

PART 2: PHYSICAL EXAMINATION

(To be completed by a competent medical authority)

Physical Examination Requirements	Height _____	Weight _____	BP: _____
	Systolic _____	Diastolic _____	
At Risk of Diabetes? Y N	If yes, please explain:		
System Review	Normal?	Comments	Normal?
Skin	Y N		Endocrine Y N
Ears/Hearing	Y N		Gastrointestinal Y N
Eyes/Vision	Y N		Genito-Urinary Y N
Throat	Y N		Neurological Y N
Mouth/Dental	Y N		Musculoskeletal Y N
Cardiovascular/HTN	Y N		Spinal examination Y N
Respiratory	Y N		Nutritional status Y N
			Mental health Y N
Needs/Modifications in school setting?			
Approved for physical education and manual labour? YES or NO. If NO please explain.....			
On the basis of the examination on this day, I approve this child's participation in all the activities of a boarding secondary school <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MODIFIED If "No" or "Modified" is ticked please explain:.....			
Name of Medical Specialist performing the examination: _____			
Signature: _____ Title: _____ Date: _____ Phone No: _____			

NB: Please attach any document of any problem detected and bring also medicine prescribed or given.
Thank you.

