



Taipei Adventist American School

STUDENT HEALTH RECORD

STUDENT'S FULL NAME: _____
(LEGAL NAME IN PASSPORT, BOTH **ENGLISH** AND **CHINESE**)

FORMS ARE TO BE COMPLETED BY THE STUDENT'S PARENTS (OR LEGAL GUARDIANS) AND LICENSED PHYSICIAN

CONFIDENTIAL

The information contained within forms will only be available to school supervisory staff and the attending medical practitioner



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HEALTH EXAMINATION FORM H1

_____ D.O.B _____ Sex _____ Grade _____
(Last name) (First name) Yr. M. D.

Height: _____ Weight: _____

Head/ Neck: _____

Ears: _____

Eye-General: _____ Vision Fields: _____

Lungs/ Chest: _____

Heart – rate: _____ B. P. _____ Murmurs: _____

Musculoskeletal – extremities: _____ Spine: _____

Scoliosis check: _____

Abdomen – general: _____

Urinalysis – protein: _____

Hemoglobin: _____

Recommendations for activity: **Physical Education?** _____ Restricted _____

Comments: _____

Date

Signature of Physician

