



# Seisen International School Mandatory Physical Examination

(Blue Form)

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ (Last) (First) (Middle)  M /  F

Date of Birth \_\_\_\_\_ (Month/Day/Year) Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

**THIS FORM IS REQUIRED FOR THE FOLLOWING:**

- All New Students
- All 1st, 4th, 7th, 10th grade students
- Participation in all Interscholastic Sports/After school sports activities (Gr. 6-12)

To be completed by a Physician:

Height \_\_\_\_\_ cm Weight \_\_\_\_\_ Kg Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Vision: Right \_\_\_\_\_ Left \_\_\_\_\_

Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

Respiratory: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Liver: \_\_\_\_\_ Spleen: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ Skin: \_\_\_\_\_

Scoliosis Screening: \_\_\_\_\_

Neurological: \_\_\_\_\_

Nutrition: \_\_\_\_\_

Laboratory Urinalysis: Protein ( ) Sugar ( ) O.B. ( )

Tuberculosis Skin Test (Required of **all new students** and **Gr. 7.** Must be dated within the last 6 months)

Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_  
(M/D/Y)

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

On the basis of this examination, this student may participate fully in the school program, physical education class and interscholastic sports for one year.

Yes /  No Specify reason and restriction: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M/D/Y)

Address: \_\_\_\_\_  
\_\_\_\_\_