



Medical Examination Report to be completed by the
child's GP
(School Entrance)

Name of child: _____ Date of Birth: _____

Father's Name _____ Mother's Name _____

Address: _____

Full name of Medical Practitioner filling this report: _____

Address: _____

I have examined: _____

Previous illness of child: measles, jaundice, chickenpox, undulant fever, whooping cough, other illnesses or allergies:

Any concerns regarding the following:

Skin and hair: _____ Eyes: _____

Ears: _____ Nose and throat: _____

Communication difficulties: _____

Heart and circulation: _____

Lungs: _____

Nervous system (esp. convulsion) _____

Physical form: _____

Other difficulties or diseases (esp. if congenital or contagious):

Has the child undergone any operations/previous injuries (describe)?

Any intolerances and /or allergies:

Vaccines

Kindly note that the 5 in 1 vaccine is a must

I consider that the child is/ is not fit to enter school.

If the child's case needs the opinion of a consultant, please refer case to relevant Department /Hospital and state to whom referred and for what reason.

Date

Doctor's Signature