

Taipei American School Medical Examination Form

This form is to be completed by a physician, nurse practitioner, or physician's assistant. All NEW students are required to submit a Medical Examination Form and attach a *copy of immunization records*. All RETURNING students entering Grades 3 and grades 6-12 are required to submit a yearly Medical Examination Form. This form may be returned via the SNAP Health Portal or turned directly into the Health Office.

Student Name	Date of Birth	Grade Student	ID Number
Height cm Weight kg Blood Pre	essure Pulse	Vision: Right Left	Corrective Lens: ☐ Yes ☐ No
	Normal Abnormal		Normal Abnormal
Neurological (Seizure, headache, syncope)		Endocrine (Diabetes/Thyroid)	
Cardiac (Rhythm, sounds, murmur)		Nose (Nosebleeds or severe allergi	es)
Respiratory/Pulmonary (Asthma)		Ears (Infections, tubes, hearing)	
Musculoskeletal (Postural/Scoliosis, Joint problems, Fractures)		Blood Disorders (Anemia, G6PD, Hemophilia)	
Gastrointestinal		Genitourinary	
Skin (eczema, rashes)		Psychological/Developmental (Depression, Anxiety, ADD/ADHD)	
Eyes (vision impairment/chronic condition)		Hospitalizations/Surgeries	
Describe any chronic health conditions, abnormal findings, or sports-related injuries:			
	Alle	rgies	
Allergy to: Food ☐ Yes ☐ No Insect Stings ☐ Yes ☐ No		Medication ☐ Yes ☐ Environmental ☐ Yes ☐	
If yes, describe allergy, reaction/symptoms an	nd treatment:		
Daily Medication			
Name of Medication:			
Purpose:			
Dose:		Time:	
	Physician Rec	ommendation	
On the basis of this examination, this student Physicians, please mark below.	may participate in the	e school program, physical education	n and sport activities.
☐ Yes ☐ No If no, please explain:			
Physician's signature	Date of E	Examination (mm/dd/yr):	
Printed name:		Official Stamp:	