ISB
International School of the Basel Region AG
Fleischbachstrasse 2, 4153 Reinach Switzerland
Tel +41 61 715 33 19 Fax +41 61 715 33 75 admissions@isbasel.ch www.isbasel.ch

STUDENT HEALTH RECORD DOCTOR'S REPORT

Health Examination to be completed by the student's Doctor. Please, submit this form along with the Application for Admissions form.

Student's Name: ____________________ Doctor's Name: ____________________

Date of Birth: ____________________ Address: ____________________
Day / Month / Year

____

Date of Examination: ____________________ ____________________
Day / Month / Year

Tel No: ____________________

Please tick the boxes which apply to the child being examined.

System	Normal	Abnormal	Health Problem	Yes	No
Heart/lungs			Hospital admissions		
Bladder/kidneys			Operations		
Spleen/liver			Physical disability		
Musculoskeletal			Emotional/mental/behavioural difficulties		
Neurological			Asthma		
Skin			Epilepsy		
Eyes/vision			Diabetes		
Nose/throat			Dietary/eating disorder		
Mouth/teeth/gums			Dizziness/fainting		
Ears/hearing			Concussion		
Abdomen			Bone/joint injury		
			Allergies		

Height: ___________ cm **Weight**: _________ kg

Please give details of any abnormalities or health problems:

____

____

____

____

Doctor's signature and stamp: ____________________ Date: ____________________