International Community School

International Community School (Singapore)
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Physicians Examination Form

A signed and completed form needs to be submitted to the ICS Admissions Office as part of the online application. Your Application will not be processed until this form is submitted. **Physical Examination must not be more than 1 year from the proposed enrollment date.**

Student Name: ______________________ Grade: _______ Birth Date: ______________

Passport, FIN, or NRIC Number: ______________________ Country of Issue: ______________

Name of Family Doctor: ______________________ Phone: ______________

TO BE COMPLETED BY A GENERAL PHYSICIAN OR FAMILY DOCTOR

(DO NOT LEAVE ANY QUESTION UNANSWERED. INCOMPLETE FORMS WILL BE RETURNED.)

Height :		**Weight :**	
BP:		**Pulse :**	

Please ✓ accordingly	Normal	Abnormal
Head		
Eyes		
ENT		
Dental		
Chest		
Abdomen		
Skin		
Spine		
Extremities		

Are you currently on any medication?
☐ Yes ☐ No
If yes, please complete below.

Current Medication	Dosage	Timing	Indication

Fit for physical education class ☐ Yes ☐ No
Fit for competitive sports ☐ Yes ☐ No
Restrictions, if any:

Please ✓ accordingly	Yes	No
Chronic/Recurrent illness		
Hospitalizations/Surgery		
Congenital abnormality/Organs missing		
Heat exhaustion/Stroke		
Dizziness/Fainting/Headaches		
Convulsions/Seizures		
Concussion		
Eye conditions/Wears glasses or contacts		
Hearing difficulties/Wears hearing aid		
Dental caps/Bridges/Braces/Plates		
Respiratory condition/Asthma		
Heart condition/Murmur		
GI condition/Hernia		
Bladder/Kidney condition		
Recurrent skin condition/Eczema		
Skeletal condition/Injury (fractures, sprains, dislocations, scoliosis)		
Other (ADD/ADHD, Autism, Depression, etc)		

Summary:
If you answered Yes to any of the above, please provide details.

☐ Immunization is current for age as per Singapore immunization schedule and certified by a physician.
(Please administer appropriate immunization for incomplete records)

Allergies: ☐ **Yes** ☐ **No**

Type of Reaction:

☐ **Child has emergency epinephrine**

IN CASE OF EMERGENCY, THIS FORM IS USED TO GIVE YOUR CHILD THE BEST MEDICAL CARE POSSIBLE

IMMUNIZATION/VACCINATION HISTORY

Please submit a copy of the child's immunization records in English with identity information clearly visible.

(for New Student application only)

Use and Disclosure of Personal Information

ICS is committed to maintaining the confidentiality of all information provided by you and undertakes not to divulge any of this information to any third party without your consent. We will not disclose any personal information without your consent unless otherwise authorized by law. ICS will not disclose any personal information to third parties for marketing purposes.

Physician's Signature	Date	Physician's Stamp

TO BE COMPLETED BY PARENTS

(DO NOT LEAVE ANY QUESTION UNANSWERED. INCOMPLETE FORMS WILL BE RETURNED)

Permission For Giving Medication For Minor Complaints

Permission to administer Over-the-Counter medication as deemed necessary by the first aid officer (i.e. paracetamol, anti-histamines, stomach antacid, throat lozenges, anti-diarheal, cough medicine, over the counter ointments and creams.)

☐ Yes ☐ No

EMERGENCY TREATMENT

IN SIGNING THIS FORM, I AM GIVING CONSENT FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, INCLUDING TRANSPORT TO THE MOST ACCESSIBLE HOSPITAL, AS DEEMED APPROPRIATE BY THE SCHOOL AUTHORITIES.

IN ADDITION, I UNDERSTAND THAT IT IS MY RESPONSIBILITY AS A PARENT/GUARDIAN TO NOTIFY THE SCHOOL IN WRITING OF ANY CHANGES OR UPDATES TO THE INFORMATION GIVEN IN THIS FORM.

Parent/Guardian Printed Name	Signature	Date