



TAISM

THE AMERICAN INTERNATIONAL SCHOOL OF MUSCAT

STUDENT PHYSICAL EXAMINATION

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This page must be completed by a physician within six months prior to or no later than one month after admission to TAISM

Name: _____

Grade: _____

Male/Female _____

Birth date: _____
(Day/Month/Year)

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Blood Type (if known) _____

Allergies (food, medication, environment, etc.): _____

Vision: R _____ L _____ Hearing: _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Explanation/Comments</u>
Vision	_____	_____	_____
Hearing	_____	_____	_____
Nose, Throat	_____	_____	_____
Dental	_____	_____	_____
Respiratory Tract	_____	_____	_____
Digestive Tract	_____	_____	_____
Cardiovascular System	_____	_____	_____
Genito-urinary	_____	_____	_____
Neurological	_____	_____	_____
Musculoskeletal	_____	_____	_____
Skin	_____	_____	_____
Development for age	_____	_____	_____
Speech	_____	_____	_____

Please list any medical diagnosis for this child. _____

Overall appraisal of health, capabilities/limitations? _____

Can the student participate in Physical Education/competitive sports? _____

Physician's Name: _____

Signature: _____

Telephone: _____

Address: _____

Date of Exam: _____

Physician's Stamp:

(Day/Month/Year)