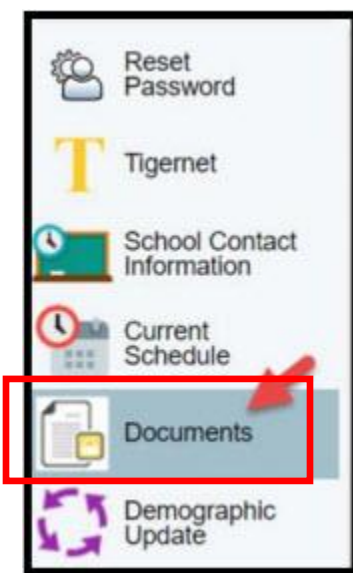




Medical Examination Requirement

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 new Medical Examination Form for the coming school year. The exam must take place in the calendar year of school attendance and is due each year by June 30th before school starts.

1. Download and print the **Medical Examination Form**. Take the form to your family physician and have them complete the data requested. It is essential that the form is signed by the examining physician.
2. Please scan or take a photo of your **Medical Examination Form** in order to upload a digital copy. Make sure the file type is either a JPG or PDF. iPhone “Live” photos are .HEIC files which cannot be opened.
3. Upload the completed **Medical Examination Form** by logging onto you PowerSchool account. On the left side of the PowerSchool homepage, select the “Documents” button to open the “Documents” tab



4. Once inside the Documents page, select the “File” button on the top right side of the page. This will open a box for document upload.

PowerSchool SIS

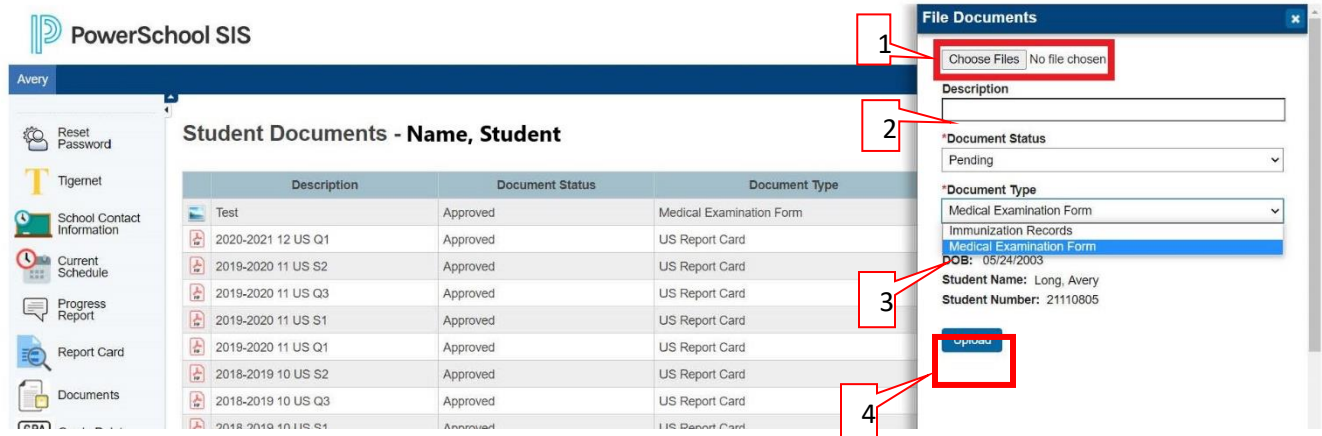
Welcome, **Parent Name** Help | Sign Out

Avery

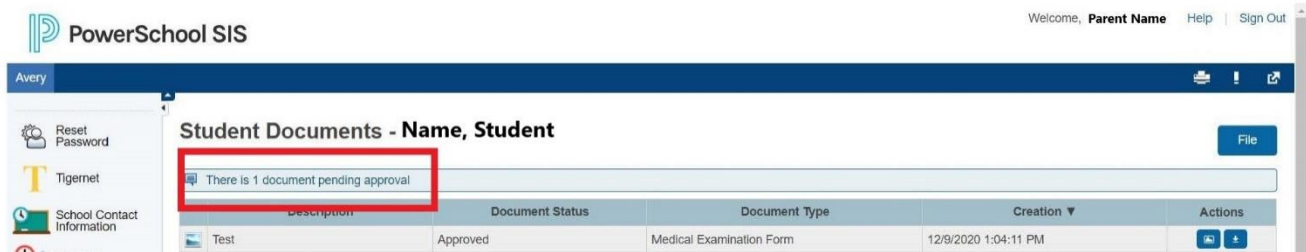
Student Documents - Name, Student

Description	Document Status	Document Type	Creation	Actions
Test	Approved	Medical Examination Form	12/9/2020 1:04:11 PM	
2020-2021 12 US Q1	Approved	Document	10/21/2020 1:51:54 PM	
2019-2020 11 US S2	Approved	US Report Card	6/15/2020 3:26:27 PM	
2019-2020 11 US Q3	Approved	Document	6/15/2020 3:23:50 PM	
2019-2020 11 US S1	Approved	US Report Card	6/15/2020 3:21:11 PM	
2019-2020 11 US Q1	Approved	Document	6/15/2020 3:18:11 PM	
2018-2019 10 US S2	Approved	US Report Card	6/15/2020 3:13:15 PM	

5. Select "Choose files". Add description "**Medical Form Grade (insert grade level)**". Select document type "Medical Examination Form". Select "Upload"



6. Once the file has been successfully uploaded, you will see a pending document on the document page. After it has been approved, you will see the file listed below as "approved".



7. Should you encounter any difficulty uploading the **Medical Examination Form**, please bring the completed form to the Health Office so that we may assist with the process or call ext. 220 with questions.



**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 Grade 3 and Grades 6-12 are required to submit a new Medical Examination Form for the coming school year. The exam must take place in the calendar year of school attendance and is due each year by June 30th before school starts.

NAME: _____ **Date of Birth:** _____ (mm/dd/yyyy) **Grade:** _____ **Student ID:** _____

Height _____ cm Weight _____ kg Blood Pressure ____/____ Pulse _____ Vision: R _____ L _____ Corrective Lens: No Yes

	Normal	Abnormal		Normal	Abnormal
Neurological (Seizure, headache, syncope)			Psychological/Developmental (Depression, Anxiety)		
Cardiac (Rhythm, sounds, murmur)			Nose (Nosebleeds or severe allergies)		
Respiratory/Pulmonary (Asthma, Cystic Fibrosis)			Ears (Infections, tubes, hearing)		
Musculoskeletal (Postural/Scoliosis, Joint problems, Fractures)			Blood Disorders (Anemia, G6PD, Hemophilia)		
Gastrointestinal			Genitourinary		
Skin (eczema, rashes)			Endocrine (Diabetes/Thyroid)		

ADD/ADHD No Yes

Hospitalizations/Surgeries No Yes _____

Describe any chronic health conditions or abnormal findings: _____

ALLERGIES

Food No Yes **Medication** No Yes **Insect Stings** No Yes **Environmental** No Yes

Allergen _____ Reaction/symptoms _____ Treatment _____

Allergen _____ Reaction/symptoms _____ Treatment _____

MEDICATIONS

Please list any daily, as-needed, or emergency medications the student is currently taking

Medication		Medication		Medication	
Dose		Dose		Dose	
Time		Time		Time	

Student requires **daily** medication to be stored in the TAS Health Office: No Yes

Student requires **emergency, or as-needed** medication to be stored in the TAS Health Office: No Yes

If yes, please submit medication and prescription or action plan to the Health Office.

RECOMMENDATION

On the basis of this examination, this student may participate in the school program, physical education, and sport activities. Physicians, please mark below: Yes

No If no, please explain: _____

PHYSICIAN SIGNATURE: _____

DATE of EXAMINATION: _____

PHYSICIAN NAME (print): _____

OFFICIAL STAMP: