

PHYSICAL EXAMINATION

(To Be Completed By A Medical Doctor)

Student's Name: _____ / _____ / _____
 Family Name Given Name Middle Name (s)

D.O.B: _____ / _____ / _____
 Month Day Year

EXAMINATION			
Height:	Weight:	Body Mass Index:	Body Mass Percentile:
BP:	Pulse:	Oxygen:	Respiration Rate: Blood Group/Type:
MEDICAL		EXPLAIN ABNORMAL FINDINGS	
Eyes/ Ears/ Nose/ Throat			
- Pupils Equal: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>			
Vision Screening: Right 20/ Left 20/ Corrected Vision: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Auditory Screening: Right Pass <input type="checkbox"/> Fail <input type="checkbox"/> Left Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
Dental Screening: Dental check in the last 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Tooth decay: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Appearance	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Nutritional Status	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Lymph Nodes	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Heart	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Pulses	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Lungs	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Abdomen	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Skin	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Neurologic	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
MUSCULOSKELETAL		EXPLAIN ABNORMAL FINDINGS	
Neck	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Back	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Shoulder/ Arm	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	

Cleared for all sports/PE and field trips without restriction.
 Limited Participation (describe limitations): _____

Not Cleared
 Reason: _____
 Recommendations: _____

I have examined the above-named student and completed the physical examination. If conditions arise following the date of this examination, the student may need to be re-validated and modifications made to activity level by the treating medical provider.

Name of Physician (printed/type): _____ Examination Date: _____

Address: _____

Phone: _____

Signature of Physician: _____

Physician Stamp: _____

Locations where you can get physical exams in HCMC or you can take the form to a clinic of your choice

- 1. Family Medical Practice:** 34 Le Duan St., D1 - Diamond Plaza building.
Tel: 028 3822 7848
- 2. Columbia Asia International Clinic:** 08 Alexandre De Rhodes St., D1.
Tel: 028 3823 8888
- 3. Raffles Medical Viet Nam:** 167A Nam Ky Khoi Nghia St., D3, HCMC.
Tel: 028 3824 0777
- 4. Victoria International Healthcare:** 1056 Nguyen Van Linh - Vivo City, Phu My Hung, D7.
Tel: 028 3910 4545
- 5. VIGOR HEALTH CLINIC:** 100-102A-104-106-108 Truong Dinh Dist 3, Ward 9 HCMC
Hotline: (+84) 0902 844 533, Website: www.vigorhealth.com.vn,
Email: evacuation@vigorhealth.com.vn
- 5. FV Hospital:** 06 Nguyen Luong Bang St., D7, HCMC.
Tel: 028 5411 3333
- 6. Careplus Viet Nam:** Level 2, Crescent Plaza, 105 Ton Dat Tien St., D7, Ho Chi Minh.
Tel: 1800 6116
- 7. VinMec International Hospital:** 2 - 2 Bis Tran Cao Van St., Da Kao, D1, Ho Chi Minh.
Tel: 028 3520 3366
- 8. Family Medical Practice Vietnam (FMP Kiddies):** River Park Premier, Block C,
41 Dang Duc Thuat St., Tan Phong Ward, D7, Ho Chi Minh.
Tel: 028 5448 4544
- 9. Singapore Indochina Healthcare Group Clinic (SIHG CLINIC):** 16 Ton Dat Tien St.,
Tan Phong Ward, D7, HCMC.
Tel: (+84) 0902 681 711 - (+84) 0906 801 711 - 028 5417 1711