



MEDICAL RECORD
For New Students Only

Name: _____ Level: _____

For our Physical Education class, we offer the following activities: ball games, karatedo, and swimming. May we request you to inform us of any important data regarding the health of your child so as to ensure that he/she is physically fit to undertake such activities.

1. Based on your knowledge, is your child fully immunized for his/her age? Yes No

2. Does your child have any known allergy to drug (medicine) or food? Yes No
If yes, please enumerate what they are:

3. Does your child require or is he/she using any of the following?
Eyeglasses _____ Hearing aid _____ Braces _____
Contact lenses _____ Dentures _____ Others _____

4. Is your child asthmatic? Yes No
If yes, please provide name of maintenance medicine

5. At present, is your child being treated for any illness? Yes No
If yes, name of illness _____
Medication taken _____
Please indicate allowed physical activity _____

6. Any previous history of the following during physical activity:
Dizziness _____ Fainting spells _____ Bluish discoloration _____ Pallor _____
Seizures _____ Hyperventilation _____ Difficulty in breathing _____

7. If your child has any handicap, please describe it
Visual _____ Muscular coordination _____
Hearing _____ Speech _____

8. Please check any heredo-familial (hereditary) sickness:
Hypertension _____ Bronchial asthma _____
Diabetes mellitus _____ Others _____

9. In case of emergency, please give the names of the contact persons:
Parents _____ Tel. No. _____
Doctor _____ Tel. No. _____
Others _____ Tel. No. _____

Please request your Pediatrician to issue a medical certificate if your child is not allowed to join any of the physical education activities mentioned above.

Parent's Signature above Printed Name/ Date