



American Embassy School
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**HEALTH
FORM 3
PHYSICAL EXAM**

AES Physical Examination

This must be completed by a licensed practitioner and submitted **within the 3 months** prior to the start of school for new students and for continuing students who are entering Grades 1, 6, 9. Sports physicals are every two years.

Full Name _____ Date of Birth _____ Grade _____ Date _____
 First Middle Family DD/MM/YY

TUBERCULOSIS SCREENING: (every two years)

1) **If the student has received BCG**, the student will need to be cleared by a physician.

BCG (tuberculosis vaccination) given: Date _____

The student was evaluated and does not show any signs or symptoms of tuberculosis.

Physician Signature _____ **Date of examination** _____

2) **If BCG was NOT previously given**, do ONE of the following, as recommended by a medical professional:

a) PPD 5TU Mantoux: Date _____ Result (mm induration) _____

b) Chest X-ray: Date _____ Result _____

PAST MEDICAL HISTORY: Attach further documentation if needed

Known Medical Condition (ex. asthma, allergies, diabetes): _____

Medications (prescription and as needed for health problems): _____

PHYSICAL EXAM: Height _____ Weight _____ Blood pressure _____ Pulse _____

Vision R _____ L _____ With glasses or contacts: R _____ L _____ Normal _____ Referred _____

CLINICAL EXAM:	NORMAL	HISTORY OR ABNORMAL EXAM EXPLANATION
1. Skin		
2. Head and Neck		
3. Eyes		
4. Ears, Nose and Mouth		
5. Cardiovascular		
6. Respiratory		Also screened for tuberculosis? Yes or No
7. Abdomen		
8. Musculoskeletal		
9. Neurological		
10. Emotional/mental health		
11. Nutritional status		
12. Developmental status		
13. Surgeries/serious illness		
14. Other		

Age appropriate physical education and/or sports participation approved: Yes or No

Physician: _____ Signature _____ Date _____