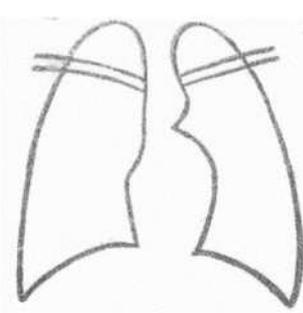


Annual Student Medical Checkup

School :	Year :
Student ID :	Date of Birth :
Name :	
<ul style="list-style-type: none"> ●Pre-existing conditions • Pre-existing conditions that you are currently under treatment for: • Pre-existing conditions that you are not currently undergoing treatment for: 	

Height				cm	Weight				kg
Blood pressure	/ mmHg								
Vision	right	()			Hearing (conversational level)				
	Left	()							
Urine	sugar	-	±	+	Physical examination (Doctor's consultation)				
	protein	-	±	+					
	blood	-	±	+					
X-ray of Lungs	No _____				Overall Results				
X-ray Findings									

Date: _____ / _____ / _____ (dd/mm/yyyy)

Name of Clinic

Name of Doctor