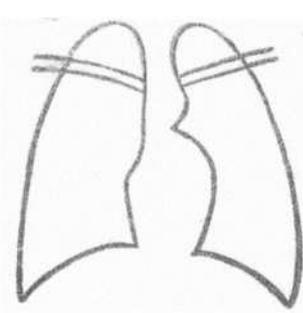


### Annual Student Medical Checkup

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

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