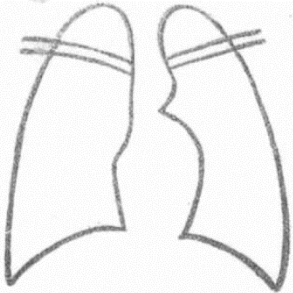


2022 Annual Student Medical Checkup

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	<u>No</u>				Overall Results				
X-ray Findings									

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

Name of Clinic

Name of Doctor

seal