

# PHYSICAL EVALUATION

## STUDENT INFORMATION

Student's Full Name

Preferred Name

**Date of birth**

Day

month

year

## PHYSICAL EXAMINATION

*To be completed by a  
Physician*

Normal (√)

Abnormal(√)

Comments

Height

Weight

Blood Pressure

Pulse

Hair/Scalp

Skin

Eyes/Sight

Ears/Hearing

Nose and Throat

Lymph Glands

Heart – Murmur etc

Lungs

Abdomen

Extremities

Spine (presence of scoliosis)

Addition Comments by Physician

## PHYSICIAN DETAILS

Name

Surname

First

Middle

Medical Centre

Address

Email

Business Phone

Signature of Physician

Date

Day

Month

Year

### Suggested Clinics in Ho Chi Minh City

District 7 Medical Center 101 Nguyen Thi Thap, Tan Phu, Dist. 7, HCMC

Vitoria Healthcare 1056 Nguyen Van Linh, Sky Garden 1, Phu My Hung, Dist. 7, HCMC

City Children's Hospital 2 14 Ly Tu Trong, Dist. 1, HCMC

FV Hospital 6 Nguyen Luong Bang St., Phu My Hung, Dist. 7, HCMC

Or any medical facility closest or most convenient to the location that the School determines is necessary to bring the Student to a medical facility for examination or treatment.