



# HEALTH APPRAISAL FORM

건강검진서

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

## 1 Immunizations

☐ Immunization record attached

	1st	2nd	3rd	4th	5th
BCG					
DPT					
Tetanus					
Polio					
MMR					
Hep. B					
Varicella		<input type="checkbox"/> disease			

## 2 Screening

Urine	
glucose	
protein	
other	

Vision-without glasses/contact lens	R	L
Vision-with glasses/contact lens	R	L
Hearing	R	L

### 3 Physical exam

☐ Check here if entire exam is normal    Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_

	Normal	Abnormal	Comments
General			
Nutrition/Body Mass Index			
Skin			
Head			
Eyes			
Ears			
Nose, throat & teeth			
Lymph nodes / Thyroid			
Lungs			
Heart			
Abdomen			
Genitalia			
Musculoskeletal			
Neurological			

### 4 Significant Medical / Surgical History / Medication / Allergies

- Significant Medical / Surgical History: \_\_\_\_\_ ☐ see attached
- **Allergies:** ☐ food ☐ insect ☐ seasonal ☐ medication ☐ LIFE THREATENING
- **Medication** (list all): \_\_\_\_\_ ☐ None

### 5 Physical education / sports / playground / work qualification

☐ Physically qualified for sports or full playground OR only as checked below;

☐ Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial art, soccer, wrestling, team handball, water polo.

☐ Limited contact: cheerleading, field, field, gymnastics, skiing, volleyball, cross-country, handball, fencing, baseball, floor hockey, softball.

☐ Non-contact: badminton, bowling, golf, swimming, table tennis, tennis, archery, riflery, weight training, crew, dancing, track, running,

☐ Knowledge based experience only

☐ Known or suspected disability: \_\_\_\_\_ ☐ Please monitor

☐ Restrictions: \_\_\_\_\_ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic cup ☐ Glasses / eyewear ☐ Other: \_\_\_\_\_

This exam is valid for one year through the last day of the month dated below with exception of any illness or injury lasting more than five days that will negate this certification.

**Provider's Address:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Doctor's Signature:** \_\_\_\_\_

**MEDICAL EMERGENCY FORM (응급처치동의서)**

**Please read the following statement and sign for your permission.**

In the event of any injury or illness to a student, it is the policy of Lycée International Xavier to call the parent/guardian in EMERGENCIES requiring immediate medical attention. In such a case we will call 119 RESCUE to receive emergency medical care. If parent/guardian cannot be contacted, the school official physician may accompany the student to the nearest hospital.

PERSONS WHO BE CALLED IN AN EMERGENCY:

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I have read and understand the information on this form. My signature below gives my approval for this emergency policy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Parent/Guardian)