

MEDICAL SECTION 4 – MEDICAL EXAMINATION

(Compulsory for Boarders, Recommended for Day Students)

If your son is a **NEW** student at St Brendan's College, this section is to be completed by the **FAMILY DOCTOR**, not by yourself.

Student Name: _____

Weight: _____ **Height:** _____

	Yes	No	Treatment
Allergies			<i>Reaction-</i>
Anaphylaxis			<i>Please provide Anaphylaxis Management Plan</i>
Asthma-peak flow baseline Pre: Post:			<i>Please provide Asthma Management Plan</i>
Cardiac Conditions eg. <i>Murmurs, Rheumatic Heart Disease</i>			Blood Pressure: Pulse Rate:
Chronic Conditions eg <i>Diabetes, Epilepsy</i>			
Ear /Nose/Throat Complaint			
Migraine/Headaches			
Glasses/Lenses			
Hearing			
Hernia			
Immunological Disorders eg. <i>Leukemia, Cancer</i>			
Mental Health Issues eg. <i>Depression, Anxiety</i>			
Muscular/Skeletal Defects (inc. <i>flat feet</i>)			
Previous Operations			
Respiratory Complaint			
Scoliosis			
Skin Complaint- eg. <i>Acne</i>			
Urinalysis			Albumen: Sugar:
Visual Acuity			Right Eye: Left Eye:
Other Medical Issues			
	Normal	Abnormal	
Reflexes			
Testes			

Comments on general health or any other finding

Recommendations re participation in Contact Sports

Doctor's Signature: _____ Date: _____

Doctor's Name: _____ Phone Number: _____

Address: _____