

# Patient Medical Report for School Admission

**Note:** This is a sample template for documenting a student's health status and medical history. Please fill in all applicable fields.

## Student Information

Full Name:	
Date of Birth:	
Gender:	
Parent/Guardian Name:	
Contact Number:	
Address:	

## Medical History

Known Allergies (food, medication, environmental):	
Chronic Conditions (e.g., asthma, diabetes):	
Medications Currently Taking:	
Past Surgeries/Hospitalizations:	
Other Relevant Medical Information:	

## Immunization Record

Vaccine	Date Administered
BCG	
Polio	
DPT	
Measles	
MMR	
Hepatitis B	
Other (specify)	

## Physical Examination

Height:	
Weight:	
Vision:	
Hearing:	
Physical Findings:	

## Assessment & Recommendations

Is the student fit for school admission?	
Recommended accommodations or restrictions (if any):	

## Certifying Physician

Name:	
Signature & Stamp:	
Date:	

This report is confidential and intended solely for school admission purposes.