



Integrated School for Young Children

**STUDENT MEDICAL CLEARANCE**

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Student No.: \_\_\_\_\_

Level and Section: \_\_\_\_\_

Weight: \_\_\_\_\_ ( \_\_\_\_\_ %)

Height: \_\_\_\_\_ ( \_\_\_\_\_ %)

HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_

To Integrated School for Young Children

This is to certify that I have seen \_\_\_\_\_ and found him/her to have

the following: *(Check all that apply)*

Fit for school with full participation in all activities

Fit for school with the following medical conditions, please specify:

\_\_\_\_\_

May still participate in all physical activities with no restrictions.

Limited participation only, (please specify activities the child is NOT allowed to participate in):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Physician

\_\_\_\_\_  
Clinic Address

License no: \_\_\_\_\_

Tel no. \_\_\_\_\_