



AL-RAYAN INTERNATIONAL SCHOOL

ATHLETIC PHYSICAL

To be completed by MMC Clinic. Please schedule an appointment with the MMC Clinic on WhatsApp +233 54 646 1868.

Timely submission of the completed form is essential for your child's participation in our Varsity.

History (Please review patient's history and make any pertinent additions)

Childs Family Name	Childs First Name	Age
Date of examination (day/month/year)		

PHYSICAL EXAMINATION

Height	Weight	Blood Group and Rhesus:
Eyes: Vision with/without Specs Right		Left
Ears: Hearing Right		Left
Skin:	Mouth:	Nose:
Throat: Lymph Nodes:		
Heart:	Sounds:	Rhythm: Murmurs:
Lungs	Abdomen	Posture

Doctor's Signature	Print Name
Date:	

<ul style="list-style-type: none"><input type="checkbox"/> DTP (4)<input type="checkbox"/> Hepatitis (4)<input type="checkbox"/> MMR (2)<input type="checkbox"/> PCU (3)	<ul style="list-style-type: none"><input type="checkbox"/> Rotarix (2)<input type="checkbox"/> Meningitis ACWY (1-2)<input type="checkbox"/> Typhoid (1-2)<input type="checkbox"/> Chicken Pox (2)<input type="checkbox"/> Hepatitis A (2)
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_____ Certify / do not certify (circle one)
that I have seen the immunization record and all immunizations are up to date.