



Physical Examination

This section must be completed by a doctor.
Please return both the physical examination and the student health questionnaire to the ISB Admissions Office.

Height
Weight
Blood Pressure

Visual Acuity
Pulse
Urine

	Normal	Abnormal findings
General appearance	<input type="checkbox"/>
Skin	<input type="checkbox"/>
HEENT	<input type="checkbox"/>
Teeth	<input type="checkbox"/>
Neck	<input type="checkbox"/>
Lungs	<input type="checkbox"/>
Heart	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>
Genitalia	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>
Peripheral pulses	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>
Mental status	<input type="checkbox"/>

On the basis of this examination on this day, this student is approved for entry into the International School of Brussels.

Yes No

He/She may participate in competitive sports (valid for one year from the date of the examination).

Yes No

Comment:
.....
.....

Physician's signature Date



Student Health Questionnaire

To be completed by the parents or guardians.
Please return both the student health questionnaire and the physical examination to the ISB Admissions Office.

Name of child

Date of birth Age Sex M F

Medical History	Yes	No	If yes, explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disorder	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal disorder	<input type="checkbox"/>	<input type="checkbox"/>
Hearing disorder	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular disorder	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic condition	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
Skin disorder	<input type="checkbox"/>	<input type="checkbox"/>
Visual disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Pre-participation for Sports questionnaire	Yes	No	If yes, explain
Is the student			
presently taking medication?	<input type="checkbox"/>	<input type="checkbox"/>
diagnosed with asthma?	<input type="checkbox"/>	<input type="checkbox"/>
prescribed asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student			
wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
have any known deformities?	<input type="checkbox"/>	<input type="checkbox"/>
tire quickly during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student			
ever fainted during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
ever had racing of their heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
ever had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
ever been told they had a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
ever been knocked out, become unconscious, or lost their memory?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
ever had numbness or tingling in their arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Has any member of your family died suddenly before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had a heart attack before age 50?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is correct to the best of my knowledge.
Parent/Guardian signature