



# Instilling Goodness Elementary School Developing Virtue Secondary School

育良小學 培德中學



2001 Talmage Road, Ukiah, California, 95482 USA  
Boys Division (707) 468-1138 Girls Division (707) 468-3847 or 468-3896  
dvbs@drba.org or dvgs@drba.org

## STUDENT MEDICAL FORM

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Please answer the following questions so that we have a record of the applicant's health and any problems that would require special attention. Please use additional sheets if needed.

*To be filled out by a licensed physician. Please answer all questions in English.*

### I. General Health

1. Any history of mental health problems? (If yes, please describe in detail.)

2. Any chronic medical problems?

3. Any previous surgeries?

4. Medications?

5. Allergens? (If yes, please list and elaborate on allergen reactions)

Food?

Insects?

Environmental allergens, such as pollen?

Medication(s)?

6. Social History and Habits (tobacco, alcohol, substance abuse, sleep, eating): (If yes, please elaborate.)

7. Vision and Hearing (record results): Glasses \_\_\_\_\_ Contact lenses \_\_\_\_\_

8. Immunizations (Attach a copy of immunization record.)

9. Tuberculin (TB) Test Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Test date \_\_\_\_\_  
If TB test is positive, a chest x-ray is required. (TB tests must be taken in the past year.)

10. Are there any health problems (childhood history and current) that may require special attention while this person is a student in our program? If yes, please describe in detail.

11. *For female applicants only*

Menstrual History: Any pain with menstruation? Heavy Bleeding? Irregularities?

## **II. Family History**

Does anyone in your immediate family have a serious illness or medical condition?

(If yes, please explain.)

Physician's name:  
Physician's address:

Signature:

Telephone:

Date of Examination: