



Chiang Rai International Christian School PHYSICAL EXAMINATION FORM

Email nurse@crics.asia for any questions

Teacher's Name (Please Print): _____

Age: _____ Date Of Birth: _____/_____/_____

MONTH DAY YEAR

To be completed by healthcare professional:

Height: _____ Weight: _____ BP: _____/_____/_____ Resting Pulse: _____ Respiration: _____ Temp: _____
 Vision: R 20/____ L 20/____ Glasses: Y/N

AREA	COMMENTS	INITIALS	AREA	COMMENTS	INITIALS
HENT Head & Scalp Eyes, Ears, Nose Mouth/gums/Throat Tonsils & Adenoids Thyroid			Musculoskeletal Spine: Posture Shoulders Lower arm hand & fingers Knees, ankles, feet		
Chest/Lungs			Skin Rash, moles, scars Eczema		
Cardiovascular Heart Rate Rhythm Murmurs			Central Nervous System Pupil Response Reflexes Coordination		
Abdomen Tenderness or Masses Hernia Organs			Other issues or COMMENTS:		

CLEARANCE: THIS SECTION MUST BE COMPLETED, SIGNED, AND STAMPED BY THE ATTENDING PRACTITIONER

The assignment may require frequent stair climbing and walking at an incline. Does this patient have any physical conditions or limitations which would prevent him/her from climbing stairs or walking moderate distance on an incline? Yes ___ No ___ If yes, please describe: _____

Do you recommend this person for this overseas assignment? Yes ___ No ___ (N/A if already living in Thailand)

Comments: _____

PRINTED NAME OF PRACTITIONER: _____

SIGNATURE OF PRACTITIONER: _____ DATE OF EXAM: _____