American International School Vienna
Salmannsdorfer Strasse 47
1190 Vienna, Austria

www.ais.at
info@ais.at
+43 1 40132

MEDICAL FORM B

PHYSICAL EXAM
ONE PER APPLICANT

TO BE COMPLETED BY MEDICAL DOCTOR OR NURSE PRACTITIONER

All new students and returning students entering Middle or High School must submit completed Medical Forms A & B for (re-)enrollment at AIS Vienna.

Student's name _____ Date of Birth _____

Height (Köpergröße) _____

Weight (Gewicht) _____

Blood Pressure (Blutdruck) _____

Note to physician: All information will be kept confidential by the school. This form is to serve as an approval for our sports programs – with modifications when needed and to flag any findings which should be addressed or monitored.

Please provide information for any items found to be out of the normal range or any notes which will allow for better care or observation of the student.

Skin (Haut) _____

Posture (Körperhaltung) _____

Orthopedic/structural defects _____

Vision (Sehen) screening _____

Hearing (Gehör) screening _____

Nose (Nase) _____

Throat (Hals) / Tonsils (Mandeln) _____

Thyroid (Schilddrüse) _____

Heart (Herz) _____

Lungs (Lungen) _____

Abdomen (Unterleib) _____

Hernia (Hernie) _____

Nervous system (Nervensystem) _____

Speech defect (Fehlsprechen / Sprechanomalie) _____

Teeth (temporary) / Zähne (Zahnprothese) _____

Teeth (permanent) / Zähne (eigene) _____

Urinalysis (if indicated) _____

Bloods tests (if indicated) _____

Other findings or additional pertinent history: _____

_____

_____

PHYSICIAN'S RECOMMENDATIONS TO THE SCHOOL

Please check "Yes" or "No". If "Yes", please specify recommendations below.

		Yes	No
1	Are there any problems relating to growth and development with which the parents and school should be acquainted?		
2	Do you recommend any further examinations or laboratory testing?		
3	Is applicant subject to conditions which make for classroom emergencies?		
4	Is there any reason to limit the applicant's participation in classroom and playground activities, or in physical education classes?		
5	Is there any mental, emotional, or physical condition for which the applicant should remain under periodic medical observation?		

RECOMMENDATIONS AND COMMENTS

_____

_____

_____

_____

Name and Signature of **PHYSICIAN** _____

Date _____

Address _____