



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 before (re-)enrolling at AIS Vienna.

Student's name _____ Date of Birth _____

Note to physician: The information requested below is desirable as part of the complete health appraisal for this applicant, in order that the school program may be modified, so that the applicant may be carefully observed, and/or proper follow-up procedures may be carried out, according to your recommendations. All information will be kept confidential by the school. For the normal findings, use "O" as code. When a question is answered in the affirmative, write significant findings and specific recommendations below.

Height (Körpergröße) _____

Weight (Gewicht) _____

Blood Pressure (Blutdruck) _____

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

Immunizations given at this visit _____

Signature of **PHYSICIAN** _____

Date _____

Address _____