

MEDICAL REPORT
(FOR ADMISSION TO APSN SCHOOLS)

As part of the admission criteria to APSN, applicants are required to undergo a **full medical assessment** by a qualified medical practitioner.

Name: _____

Sex: Male / Female

Date of Birth: _____

BC/NRIC No: _____

Date of Medical Examination: _____

Relevant Birth History

Past Medical History

On Medication?

Yes / No (please delete accordingly)

(If yes, please give details)

Any Significant Family History? (mental retardation, suicidal tendency, alcoholism etc.)

Vision Examination:

Has the applicant had a formal vision test?

Yes / No

(If no, please facilitate process)

Does the vision appear to be within normal limits?

Yes / No

(If no, please give details)

R 6/ _____
L 6/ _____

Squint
Astigmatism
Has it affected the vision?

Yes / No
Yes / No
Yes / No

Hearing Examination:

Has the applicant had a formal hearing test? Yes / No
(If yes, please indicate name/type of test and date of test. If no, please facilitate referral for test.)

Name / type of test: _____ Date: _____

Does the hearing appear to be within normal limits? Yes / No
(If no, please give details/provide a copy of the test report.)

Right ear drum _____

Left ear drum _____

Physical Examination:

Height: _____ Weight: _____

Please give comments about the applicant's general health and physical well-being
(heart/lungs/abdomen/musculoskeletal system/CNS).

Does this applicant have a medical diagnosis? If so, please specify.

If the applicant has been diagnosed with Autism Spectrum Disorder / Attention-Deficit
Hyperactivity Disorder, please provide the following:

Name of Diagnosing Person: _____ Date of Diagnosis: _____

Hospital / Agency: _____
(Please provide a copy of the diagnosis report if available.)

Remarks and Recommendations

Name of Doctor: _____ Signature & Date: _____

Organisation Stamp: _____