



# St. Luke's Academy

## Doctor's Report

Child's Surname		Child's Middle Name	Child's First Name
Sex: <b>M</b> <b>F</b>	Age:	DOB :      Day / Month / Year	
Nationality:		Country Of Birth :	

**1. I have examined the above child and would report as follows:**

Height _____ ' _____ "	Weight _____ lbs _____ oz
Feet                  Inches	Pounds                  Ounces
Vision	Hearing
Teeth	

**2. Please select the statement which is applicable to this child and expand as necessary.**

- I find no physical, mental, developmental delays, disabilities or emotional factors which could prevent the above child from following the full academic and or sports programmes at St. Luke's Academy without any assistance. In my opinion, this child has met **all** developmental milestones and is fit to enroll at St Luke's Academy without any further assessments required or a personal aide assigned to said child, to function within the school environment.
- There are condition(s), challenges or general concern(s) with the development of this child in question, which, in my opinion, could present challenges or prevent the above child from following the academic and sports programmes safely and independently without causing disruption to the functionality of the class setting at St Luke's Academy. Please see below for my observations, conclusions and suggestions

**3. (a) Noteworthy Delays or Challenges :**

- Speech     Language     Gross Motor     Fine Motor     Cognitive     Behavioural     Stuttering
- Hyperactivity     Cerebral Palsy     Displays Autistic Tendencies     Learning Disorders     ADD/ ADHD
- Other     Currently is working with a specialist in any field for any delays and or challenges

Please provide any official reports by specialists to support any of these delays or challenges listed above.

**3. (b) Comments regarding anything ticked above:**

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**4 (a). Immunisations: Please tick the following once they are up to date:**

- Diphtheria    Hepatitis B    Whooping Cough (Pertussis)    Mumps    Polio    Rubella    Tetanus  
 Measles    Chicken Pox

**4. (b) Comments regarding any missing immunisations:.....**

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**5. (a) Please tick if the child has/ has had any of the following:**

- Allergies    Asthma    Congenital abnormalities    Convulsions/epilepsy    Ear infections  
 Frequent headaches    Hearing difficulties    Heart problems    Fainting    Tuberculosis  
 High/Low blood pressure    Kidney/urinary infections    Menstrual problems    Skin Problems  
 Orthopedic problems    Rheumatic Fever    Vision problems    Diabetes    Other

**5 (b) Please comment on any circled items or other conditions ticked above:**

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**6. Please answer the following general health questions:**

1. Does this child wear spectacles (glasses) or contact lenses? **Yes /No**
2. Is this child under special medical care? **Yes /No**
3. Does this child routinely take medicine? **Yes /No**
4. Does this child have any problems which adversely affect his/her ability to study? **Yes /No**
5. Is there a medical reason why this child cannot participate in physical education or sports? **Yes /No**
6. Does this child have any known allergies to medication? **Yes /No**
7. Is this child in good health, generally speaking? **Yes /No**

**If you have answered "yes" to any of the above question, please give brief details below.**

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<b>Doctor's Name:</b>	
<b>Doctor's Email :</b>	<b>Doctor's Contact Tel #:</b>

**Doctor's Signature and Stamp**

**Date**