



St. Luke's Academy

Doctor's Report

Child's Surname		Child's Middle Name	Child's First Name
Sex: M F	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:.....

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:

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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Doctor's Name:	
Doctor's Email :	Doctor's Contact Tel #:

Doctor's Signature and Stamp

Date