

Form 11-2006 **To be signed by a Medical Doctor.** Original for Accompanying Adult. 3 copies: one for host school, one for host family. Keep a copy at school.

INTERNATIONAL SCHOOL-TO-SCHOOL EXPERIENCE (MEXICAN CHAPTER)

PHYSICAL EXAMINATION (EXAMEN F_SICO)

Code:	S	-	Satisfactory	Clave:	S	-	Satisfactorio
	N	-	Not Satisfactory		N	-	No satisfactorio
	N/A	-	Not Applicable		N/P	-	No Procede

Blood type (tipo sanguíneo) _____ **Height (talla)** _____ **Weight (peso)** _____

General condition (*condición general*) _____ Throat-tonsils (garganta-amígdalas) _____

Posture & Spine (*postura/columna*) _____ Teeth (*dientes*): Position (*posición*) _____

Feet (*pies*) _____ Caries (*caries*) _____

Skin (*piel*): Scabies (*escabiosis*) _____ Heart (*corazón*) _____

Athlete's Foot (*pie de atleta*) _____ Murmur (*soplo*) _____

Impetigo (*impétigo*) _____ Blood Pressure (*presión sanguínea*) _____

Infection (*infección*) _____ Lungs (*pulmones*) _____

Pediculosis (*pediculosis*) _____ Abdomen (*abdomen*) _____

Eyes (*ojos*): Vision (*visión*) _____ Genitals/urine (*genitourinario*) _____

Discharge (*secreción*) _____ Hernia (*hernia*) _____

Nose (*nariz*) _____ Allergies (*alergias*) Animals (*animals*) _____

Ears (*oidos*): Hearing (*audición*) _____ Food (*alimentos*) _____

Discharge (*secreción*) _____ Drugs (*medicamentos*) _____

Horse serum (*suero equino*) _____ **Child's normal body temp.** _____ C/ _____ F

Other (*Otros*) _____

I believe that (name of student) _____

is able to participate in the International School-to-School Experience program and all of its activities except with the following

restrictions/recommendations: (*Considero que -nombre del alumno- puede participar en el programa internacional de*

intercambio escolar y sus actividades, con las siguientes restricciones y/o recomendaciones)

(Signature of Examining Physician) (*Firma del médico*) _____

Address (*Dirección*) _____

Telephone (*Tel. fono*) _____

Date (*Fecha*) _____)