



## The Codrington School: Doctor's Report

Child's first name		Middle name	Family name			
Boy	Girl	Age	Date of birth: Day		Month	Year
Nationality		Place of birth				

I have today examined the above child and would report as follows:

Height	Weight
Vision	Hearing
Teeth	

Please delete either the first or second sentence. If the first sentence is deleted, please amplify.

- I find no physical or mental factors which would prevent the above child from following the academic and sports programmes at The Codrington School.
- The following condition is present, which prevents the above child from following the academic and sports programmes at The Codrington School.

---

---

---

Doctor's name	
Doctor's address	
Doctor's regular phone	Doctor's emergency phone
Doctor's fax	Doctor's email

Doctor's signature and stamp

Date

*Please return this form, completed, before your child starts school. Thank you.*