

聖公會聖彼得堂幼稚園〔赤柱分校〕

St. Peter's Church Kindergarten (Stanley)

聖彼得堂赤柱幼兒園

St. Peter's Church Nursery (Stanley)

Health Record

Name: _____ Date of birth: _____

Sex: _____ Birth certificate no.: _____

Physical examination:

| | | | |
|-----------------------|--|---|--|
| Head and cheek | | Belly | |
| Limbs and backbone | | Navel | |
| Skin | | Reproductive organs | |
| Eyes and vision | | Intelligence | |
| Ears and hearing | | Speech | |
| Nose | | Nutrition | |
| Oral cavity and teeth | | Other records, e.g.: allergy, deformity, etc. | |
| Tonsil | | | |
| Heart | | | |
| Gland | | | |
| Lung | | | |

Doctor signature: _____

Date: _____