



**Al-Kharafi  
Activity Kids Center**

**Childs Medical Report**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Clinic: \_\_\_\_\_

Blood Type: \_\_\_\_\_

**Medical Exam**

Heart: \_\_\_\_\_

Hematological test: \_\_\_\_\_

Respiratory System: \_\_\_\_\_

Musculoskeletal System (Bones-Joint-Muscles) \_\_\_\_\_

Urology: \_\_\_\_\_

Genetic diseases: \_\_\_\_\_

Skin test: \_\_\_\_\_

**Medical Exam Results – Recommendations**

Exam results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Doctors Stamp & Signature**

**Important Notes:**

- This medical report is mandatory upon registration.
- The child's medical report is confidential.