



№ 0451

PRAKSIS EXAMINATION CARD No:	Place of examination:	VISIT No:
Name:	Date of birth:	Sex:
Fathers Name:	Date of arrival:	Nationality:
Mothers Name:	Duration of travel:	Entry point:
CHRONIC CONDITIONS	1.	3.
	2.	4.
EXAMINATIONS		
Height: cm	Weight: kg	Skull Perimeter for infants): cm
Temperature:	Blood Pressure:	
Clinical Examination Results		
Respiratory system:	Digestive System:	Skin an cutaneous tissue:
Cardiovascular system:	Urinary/ Reproductive system:	Musculoskeletal system:
Immunization (vaccine & date):	Nervous system & Sense organs:	Other:
Laboratory results	1.	4.
	2.	5.
	3.	6.
Medication	1.	3.
	2.	4.
Referrals	1.	2.
		Date of Examination:
		Doctor's Signature: