



PHYSICAL EXAMINATION REQUIREMENTS COMMUNITY CHRISTIAN SCHOOLS

(Revised February 2018)

“The Board of Education shall require evidence of a physical examination by a qualified physician with six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school, provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing.” School Law 79-214 (1999)

NAME: _____ SCHOOL _____

ADDRESS: _____ AGE _____ SEX: M _____ F _____

PHYSICAL FINDINGS:

Height _____ Weight _____
 Blood Pressure _____ Pulse _____
 Urinalysis (if recommended) _____
 Hemoglobin (if recommended) _____
 Vision Screening Report, if given: _____
 OD _____ OS _____
 With Glasses: _____
 OD _____ OS _____
 Does the student now have or previously had:
 Diabetes _____ Seizures _____
 Heart Disease _____ Ulcers _____
 Hearing Loss _____ Chicken Pox _____
 Hepatitis _____ Mononucleosis _____
 Asthma _____

Heart _____
 Thyroid _____
 Lungs _____
 Abdominal Organs _____
 Orthopedic Exam: _____
 Neck _____
 Spine _____
 Upper Extremities _____
 Lower Extremities _____
 Knees _____
 Feet _____
 Evidence of Scoliosis: No _____ Yes _____
 Evidence of Hernia: No _____ Yes _____

RECORD OF IMMUNIZATIONS: (Please give dates-Month and Year) OR ATTACH RECORD

<u>DPT</u>	/	<u>HIB:</u>	<u>DT</u>	<u>HBV</u>	<u>POLIO</u>
Series #1 _____	/	_____	Series #1 _____	Series #1 _____	Series #1 _____
Series #2 _____	/	_____	Series #2 _____	Series #2 _____	Series #2 _____
Series #3 _____	/	_____		Series #3 _____	Series #3 _____
Booster #1 _____	/	_____	Booster #1 _____		Booster #1 _____
Booster #2 _____	/	_____	Booster #2 _____		Booster #2 _____
MMR #1 _____		MMR #2 _____	Measles _____	Mumps _____	Rubella _____
					TB _____
					Varicella _____

DOES THE STUDENT HAVE ANY ALLERGIES _____
 OPERATIONS OR SIGNIFICANT INJURIES (Please List) _____
 HEAD INJURIES _____
 REQUIRED MEDICATION ON A DAILY OR EPISODIC ROUTINE _____
 SIGNIFICANT FINDINGS AND REMARKS _____

Please Check Classifications:

- _____ Regular: Student may participate in the regular program of physical education, recreation, intramural, athletics or related activities.
- _____ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Re-examination each year.

 Date Examining Physician