Fort Worth Adventist Junior Academy

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Walking in Jesus' footsteps to achieve success for our present and future.

Physical Examination Form

All new students and returning students in the 1st, 4th and 7th grades are required by state law to have a physical examination before enrolling in school and before attending the first day of classes. The questions are designed to determine if the students has medical conditions that the medical and teaching staff needs to know about.

Student Name _____Gender _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ Personal Physician _____ Phone _____

Past Medical History: (check those that the child had in the past)

___ Cancer ___ Chicken Pox ___ Diabetes

___ Diphtheria ___ Seizures ___ Heart Disease

___ Measles ___Rheumatic Fever ___ Scarlet Fever

___ Tuberculosis ___ Whooping Cough ___ Ear Infections

___ Other _____

Allergies: (please list) _____

Explain briefly factors as surgeries, serious accidents or injuries, congenital defects which may affect the child's school experience: _____

_____

Indicate any physical problems the child may have by checking the appropriate box:

___ Hearing ___ Heart ___ Respiratory ___ Vision ___ Speech

Other: _____

Immunizations: An official record of immunizations must accompany this medical record for all students. Records considered official are:

1. State Immunization Record
2. Health Provider Record from your physician
3. Official Immunization Record from another state
4. School immunization Record

Physician's Examination

To be completed for all new students, 1st grade, 4th grade and 7th grade.

Student Name _____ Gender _____ Age _____ Date of Birth _____
Height _____ Weight _____ Pulse _____ BP _____

Vision R 20/____ L 20/ ____ Corrected: Y N _____ Pupils: Equal _____ Unequal _____

AREA	NORMAL	ABNORMAL	NOT EXAMINED	EXPLAIN ABNORMALS OR RECOMMENDATIONS
Skin				
Eyes and vision				
Ears, hearing				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
Abdomen, tenderness				
Abdomen, hernia				
Posture				
Neck				
Spine, back				
Shoulders and arm				
Wrist and hands				
Legs and feet				
Genitalia (males only)				
Reflexes				

Nutritional Status and general appearance _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes activities as running, tumbling and sports. **Yes** **No**

If student is restricted from participating in physical education activity, please indicate which activities the child may not participate: _____

The following information must be filled in and signed by either a physician, a Physician assistant or a Nurse Practitioner.

Name (print) _____ Date of Examination _____

Address _____ City _____ state _____ Zip _____

Provider Signature _____