

ANKENY CHRISTIAN ACADEMY PHYSICAL EXAMINATION

Last Name

First Name

Address

City/State/Zip

Phone

Birthdate

Sex

Parent signature

ILLNESS

IMMUNIZATIONS, TESTS (most recent data)

Allergy	Measles (red)	DISEASE	Completed Basic		or Booster	
			Month	Year	Month	Year
Chickenpox	Mumps	Diphtheria				
Diabetes	Rheumatic Fever	Tetanus				
Epilepsy	Tuberculosis	Whooping Cough				
Rubella	Whooping Cough	Polio				
Other Illnesses and Surgery		Measles (red)				
		Mumps				
		Rubella				

Blood Type:

Tuberculin Test: Date _____ Pos _____ Neg _____

Other Tests:

√ = normal or negative

PHYSICAL EXAMINATION

Appearance	Ears	Hernia
Posture	Nose	Back
Nutrition	Throat	Extremities
Development	Lymph nodes	Blood Pressure
Neurological	Thyroid	Urine Analysis
Speech Defect	Heart	Hemoglobin
Skin	Lungs	Height
Hair & Scalp	Abdomen	Weight
Eyes & Vision	Genitalia	Other

Chronic Disease

Medications

Remedial Defects

Physical Education Program: Full

Limited

None

Reason for Limitation

Physician's Comments & Recommendations:

Important Medical Information

Date of Exam

Physician