Cornerstone Christian Academy

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Student Physical Examination Form

Name:_____DOB:_____ Sex:_____

Address:_____ Date:_____

Father's Name:_____ Mother's Name:_____

To Be Completed by Physician: MEDICAL HISTORY

A. Prenatal, perinatal and postnatal development: Any significant findings that could influence this student's adaptations to a classroom setting (i.e. physical handicap, sensory loss, developmental irregularities)?

B. Any chronic illness that may require medication, particularly observations or precautions in a classroom setting (e.g., seizure disorder, allergies, etc.)?

C. Any hospitalizations, operations, or special tests of which a teacher should be aware?

D. Immunization and infectious disease history: (**please fill in all dates in the series* or print and attach immunization record**)

	Dates of Immunizations					**Date of Illness**
	m/d/y	**m/d/y**	**m/d/y**	**m/d/y**	**m/d/y**	
Polio, TOPV						
Polio, EIPV						
Diptheria						
Tetanus						
Pertussis						
Measles						
Mumps						
Rubella						
Chicken Pox						
Hep B						
H. Influ. Type B						

Test	**Date**	**Method**	**Result**
TB			
Vision			
Hearing			
Speech			

	Date	**Result**
Hbg / Hct		
Urine		
Lead		
Other		

*This Student is due to receive DPT/OPV after the 4th birthday on or about _____. Physician's Signature_____

HEALTH ASSESSMENT

Name:_____ Physical Exam Date:_____

Height:_____ Percentile:_____ Weight:_____ Percentile:_____ Head Circum:_____ Percentile:_____ Blood Pressure: _____

Check (W) Each Line	Normal	Abnormal	Needs Follow-up	Not Examined	Check (W) Each Line	Normal	Abnormal	Needs Follow-up	Not Examined
Skin & Scalp					Nose, Throat, Mouth				
Nutrition					Teeth & Gums				
Neurology & Muscular					Glands Incl. Thyroid				
Orthopedic & Spine					Chest, Breasts				
Eyes					Heart, Lungs				
Ears					Abdomen				
Speech					Genitalia				

Temperament :(circle one) Easy-going Average Difficult Comments:

Assessment of Physical Development:

A. Estimate of level of maturation:
a. Preschool (4 years) Early:____ Mid:____ Late:____
b. School-age (6-10) Early:____ Mid:____ Late:____
c. Pre-adolescent (10-13) Early:____ Mid:____ Late:____

B. Estimate of functional capacity:

	Delayed for Develop. Phase	Consistent with Develop. Phase	Advanced for Develop. Phase	Comments
Gross Motor:				
Fine Motor:				
Language Skills:				
Social Skills:				
Emotional:				

C. Impression of student's present state of health:

D. Recommendations regarding:

a. Medical needs:

b. Developmental needs:

Physician's Name _____ Address_____

Physician's Signature _____ _____