

RECOMMENDATIONS:

Can Pupil carry a full program of school?

Yes _____ No _____

Special testing recommended?

Yes _____ No _____

If "Yes", specify _____

Please list any SERIOUS ALLERGIES:

Please list any SERIOUS injuries, operations, or illnesses

PHYSICIAN'S SIGNATURE: _____

Date: ____/____/____

This form must be accompanied by a copy of the current immunization record.

2009/2010

Willott Road Christian Academy

1610 Willott Road

St. Peters, Mo 63376-3065

Phone: (636)926-3595 Fax: (636)447-8577

EXAMINATION, AND RECOMMENDATION FORM

DATE: ____/____/____

GRADE: _____

Pupil's Name _____
Last First MI

Address _____ **Phone** _____
Street City

Birth date _____ Male Female

Father or Guardian _____

Address _____

Mother or Guardian _____

Address _____

Family Physician _____

Address _____ **Phone** _____

Family Dentist _____

Address _____ **Phone** _____

To the parents: So much of your child's success and happiness in school and in life is dependent upon his/her physical and mental health, that we are confident this information is vital in providing the best school life for your child. We appreciate your cooperation and help in this important matter.

SCREENING

Vision

**With Glasses R20/
L20/
Both 20/**

**Without Glasses R20/
L20/
Both 20/**

Hearing R _____

Height _____

L _____

Weight _____

Scoliosis: Primary Screening Date: ____/____/____

Secondary Screening Date: ____/____/____

Results _____

PHYSICAL EXAM:

***General Physical Development** _____

***Posture** _____

***Eyes** _____ **Pupils** _____

*** Conjunctivitis** _____ **Strabismus** _____

***Ears** _____ **Drums** _____ **Canals** _____

***Nose** _____

***Mouth** _____ **Tongue** _____ **Throat** _____

***Dental Exam** _____

***Lymph Nodes** _____

***Thyroid** _____

***Lungs** _____ **Thorax** _____

***Heart** _____ **Pulse & Rhythm** _____

***Blood Pressure** _____

***Abdomen** _____

***Hernia** _____

***Genitalia** _____

***Feet** _____

***Skin** _____

***Nervous System** _____

***Lab Reports** _____

***Other** _____

***PARENT PRESENT:** _____

Please print name clearly

***PARENT SIGNATURE:** _____