

Name of Student _____
(last) (first)

TO THE PRIVATE PHYSICIAN: In or that the student's program can be adjusted to his physical condition, and in order that sound healthcounseling can be given him, it is necessary for the school to have a report of his health examination. This report will be held in confidence and used only for the protection and aid of the student in his education. Kindly record on this form the positive findings of your examination, and, especially, your recommendations to the school. Thank you.



MEDICAL EXAMINATION OF ACADEMY STUDENT BY PRIVATE PHYSICIAN

Name _____ Parent's Name _____

Birth date _____ Date of examination _____ Address _____

1. Significant illness, accidents, operations, congenital defects, family history, etc.: _____

2. Significant factors in home situation: _____

Are there abnormalities of the following systems?
Describe fully. Use additional sheet if necessary.

	Yes	No
a. Head, Ears, Nose, or Throat Hearing (R)____ (L)____		
b. Eyes Vision (R)____ (L)____		
c. Respiratory		
d. Cardiovascular Blood Pressure_____		
e. Gastrointestinal		
f. Hernia		
g. Genitourinary		
h. Musculoskeletal		
i. Metabolic/Endocrine		
j. Neuropsychiatric		
k. Skin		

- A. Is there loss or seriously impaired function of any paired organ?
Yes____ No____
- B. Recommendations for physical activity (Phys. Ed., Intramurals, etc.)
Unlimited____ Limited____
Explain: _____
- C. Do you have any recommendations regarding the care of this student?
Yes____ No____
- D. Is the student now under treatment for any medical or emotional condition?
Yes____ No____
- E. Do you have any general comments? _____

TUBERCULIN SKIN TEST (within one year). Date _____ Positive _____ Negative _____

These immunizations are required by North Carolina state law and must be completed in full and signed by physician before student can be accepted.

HISTORY OF IMMUNIZATIONS

VACCINE	DATE	DATE	DATE	DATE	DATE
*DTP					
Td or Tetanus					
*Polio, oral					
Rubeola (measles)					
Mumps					
*Rubella (German measles)					

* Required by General Statute 130-87

Physicians Signature or Clinic Stamp