

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

Blood Type: \_\_\_\_\_

Tuberculin Test: Date \_\_\_\_\_  
Other Tests: \_\_\_\_\_

Pos \_\_\_\_\_ Neg \_\_\_\_\_

√ = normal or negative

**PHYSICAL EXAMINATION**

Ears \_\_\_\_\_ Hernia \_\_\_\_\_

Nose \_\_\_\_\_ Back \_\_\_\_\_

Throat \_\_\_\_\_ Extremities \_\_\_\_\_

Lymph nodes \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Thyroid \_\_\_\_\_ Urine Analysis \_\_\_\_\_

Heart \_\_\_\_\_ Hemoglobin \_\_\_\_\_

Lungs \_\_\_\_\_ Height \_\_\_\_\_

Abdomen \_\_\_\_\_ Weight \_\_\_\_\_

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 \_\_\_\_\_