

Community Christian Academy

PHYSICAL EXAMINATION

STUDENT NAME _____

Parents Names _____

All new students are to have a physical exam on record and any student wanting to participate in sports.

Height _____ Weight _____ Posture _____ Feet _____

Skin _____ Ears _____ Tonsils _____ Teeth & Gums _____

Adenoids _____ Heart _____ Lungs _____ Nervous System _____

Eyes:
Inspection _____ Visual Acuity _____ R.E. _____ V-20 L.E. _____ V-20

Squint _____

General Condition:

Good _____ Fair _____ Poor _____

Present medication _____

Reason _____

Any reason to be excluded from physical activities such as tumbling, exercises, running, etc.

Physician Office or Clinic Name _____ Phone Number _____

Physician Signature _____ Date _____