

Medical Examination

This form is to be completed and signed by the student's physician, pediatrician or nurse practitioner.
For admission to Atholton Adventist Academy, every new student and every student entering First Grade, Fourth Grade, and Seventh Grade must complete this form.

Name: _____ Age _____

Address: _____ Date of Birth _____

City, St. Zip _____ Grade _____

Name of School _____

Name of Doctor _____

Date of Examination _____

Is there any evidence for concern in the areas listed below?

Health Area	Yes	No	Comments (please complete if "Yes")
Vision			
Hearing			
Speech/Language			
Physical illness or impairment			
Mental or emotional problems			
Development			
Allergies			
Nutrition			
Other			

Results of Tuberculin test (circle one) Pos. Neg. Type of test: _____

Explain any Pos. results. _____

1. Is child subject to conditions that may cause classroom emergencies such as diabetes, fainting, allergies, asthma, etc.? Yes No

Explain _____

2. Have there been any illnesses, accidents operations, or defects that limit this child's participation in classroom activities or PE? Yes No

Explain _____

3. Are there any vision or hearing defects for which the school could help compensate by seating or other action? Yes No

Explain _____

4. Are there any other defects for which the school could help by seating, or other action? Yes No

Explain _____

5. Is there evident need for dental care? Yes No

Explain _____

6. Is there any reason for which this child should remain under a Physician's periodic observation? Yes No

Explain _____

7. Physician's recommendations to school: _____

Signature of Physician: _____

Name of Doctor's Office or Clinic: _____

Office Address: _____
Street city state zip

Phone number: _____