Bradford Christian Academy
Excellence in College Preparatory Education

Physical Examination (To be completed by physician)

Student Name:_____ Date of Exam:_____

All new incoming students are required to submit the Physician's Exam Form. Returning students are required to submit a new form at the time of their next physical examination. Parents should talk with their doctor about the frequency of physical exams for their children. Students participating in extracurricular sports will be required to have an annual physical.

I. Immunizations
Complete immunization history must be given. Please indicate month and year of immunization.

DTAP/DTP						
HEP B						
HIB						
Measles						
Mumps						
Poliomyelitis (OPV)						
Rubella						
TB Skin Test						
TD						
Varivax						
History of Chicken Pox	Yes	No				

II. Examination
Check (✓) if normal; explain if not normal.

_____Abdomen	_____Height	_____Psychiatric
_____Blood Pressure	_____Hernia	_____Pulse Rate
_____Ears	_____Lungs	_____Skin & Scalp
_____Extremities	_____Menstrual	_____Teeth
_____Eyes	_____Neck	_____Thyroid
_____Genitalia	_____Neurological	_____Tonsils
_____Head	_____Pharynx	_____Urinalysis
_____Heart	_____Physical handicap	_____Weight

III. Significant facts and physician's notes:
_____
_____
_____
_____

IV. Can the student participate in athletics?
_____Yes _____Moderately _____Limited _____No

V. I hereby certify that _____ was examined by me on _____
Date

_____ _____
Signature of Nurse or Physician's Assistant Signature of Physician