

Physical Examination

College View Academy– 5240 Calvert, Lincoln, NE 68506

Students entering kindergarten or 1st, 7th, and all new students from out of state, must submit evidence of medical examination. Forms for this are available from the school office. The school will accept physicals within six months prior to the beginning of the school term.

Name _____ Grade _____ Age _____ Sex: M _____ F _____

School _____ Physician _____

Physical Findings

Height _____ Weight _____ Blood pressure _____ Pulse _____ Urinalysis _____ Heart _____

Thyroid _____ Lungs _____ Abdominal Organs _____ Hemoglobin/Hct _____

Vision screening, if given: OD _____ OS _____ with glasses: OD _____ OS _____

Orthopedic Exam: Neck _____ Spine _____ Knees _____ Feet _____

Upper extremities _____ Lower extremities _____

Evidence of: Scoliosis: No _____ Yes _____ Hernia: No _____ Yes _____

Audiometric Screening Report:
 _____ 500 _____ 1000 _____ 2000 _____ 4000 _____
 RE: _____
 LE: _____

Significant findings/Chronic health problems/required medication on daily or episodic routine: _____

Past illnesses (give dates)
 Measles Scarlet fever Polio
 Whooping cough Rheumatic fever Diabetes
 Diphtheria Chicken pox Epilepsy
 Frequent colds (no. per yr) Hay fever/asthma Heart Disease

List any other serious illnesses, operations or injuries, and age when occurred: _____

List any other items helpful to the school program in planning for student's health: _____

Please check classification:

Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities without undue risk or injury

Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted Program as indicated by consulting physician. Re-examine each year

Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. Student should be re-examined for possible reclassification at the end of the exemption period.

Date: _____ Examining Physician _____

CERTIFICATION FOR INTERSCHOLASTIC ATHLETICS: Required for those wishing to participate in NSAA activities:

After Review of the medical history and as indicated by the above record, I here with certify that this student has passed the physical examinations successfully and is physically able to participate in the interscholastic athletics.

Activities student should not participate in: _____

Remarks: _____

Date: _____ Examining Physician _____

Vaccine	MO/DA/YR	Given by
DTP-DT-Td #1		
#2		
#3		
#4		
#5		
Polio #1		
#2		
#3		
#4		
#5		
MMR #1		
#2		
Hep B #1		
#2		
#3		
TB test Pos/Neg?		
HIB		
Other:		
Date:	Signature:	