GRANVILLE CHRISTIAN ACADEMY

Medical Statement of Physical Examination

To be completed by the student's licensed healthcare provider

Student Name _____

This student has been evaluated in regard to his/her health with the following results:

Height: _____ Weight: _____ BMI: _____ BP: _____ Pulse: _____
Urinalysis (if performed) Albumin: _____ Sugar: _____
Blood Count (if performed) HgB: _____ Hct: _____
Visual Acuity Right: _____ Left: _____
Auditory Acuity: Right: _____ Left: _____

Physical Development and Health: Normal: _____ Abnormal as follows: _____
Intellectual Development: Normal: _____ Abnormal as follows: _____
Emotional Development: Normal: _____ Abnormal as follows: _____

Examination of:	Satisfactory Result	Unsatisfactory Result	No Exam Performed
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Respiratory			
Cardiovascular			
Abdomen			
Genitalia			
Skin/Lymph Nodes			
Musculoskeletal			
Neurological			
Other			
Lab Test (Specify Here)			

If any of the above are marked "unsatisfactory" or "no exam", please explain:

_____

Immunizations

Provide a printed copy of the student's immunization records with the month, day, and year for each immunization given. A written copy of the record can be attached to this document as well. Required immunizations are: DTaP or DTP or DT, Tdap/Td, POLIO, MMR, HEPATITIS B, VARICELLA, HIB (prior to age 5), MENINGOCOCCAL, HPV, HEP A.

Sign here if the student is to be exempted from the required immunizations for medical reasons:

Physician's signature _____ Date _____

I certify that I have examined this student as indicated and, on the basis of the information furnished to me, find him/her free of communicable disease and physically able to participate in all supervised school activities and sports (please provide a separate document with exceptions to this statement).

Licensed Healthcare Provider

Printed Name _____ **Signature** _____ **Date of Exam** _____ **Phone** _____