

NORTHWEST CHRISTIAN SCHOOLS OF LACEY

PHYSICAL EXAMINATION

To be completed by Licensed Health Care Professional

Today's Date: <input style="width: 80%;" type="text"/>			
Student's Name: <input style="width: 80%;" type="text"/>		D.O.B.: <input style="width: 80%;" type="text"/>	
Height: <input style="width: 80%;" type="text"/>		Weight: <input style="width: 80%;" type="text"/>	
Pulse: <input style="width: 80%;" type="text"/>		Blood Pressure: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	

Vision: <input type="checkbox"/> Without Glasses		<input type="checkbox"/> With Glasses	
Right: 20/ <input style="width: 50%;" type="text"/>		Left: 20/ <input style="width: 50%;" type="text"/>	

Screening	Normal	Abnormal	Comments
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Ears/Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Nose and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Neuromuscular System	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Spine (Scoliosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

General Condition
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments:

Medical Conditions, Chronic Diseases or Allergies
--

Comments:

Present Medications:

--

This child may participate fully in school activities including physical education.

This child may participate fully in Sports

This child may participate in school activities including physical education with the following restrictions/adaptation:

--

Additional Comments:

--

Signature/Title of Health Care Provider: <input type="text"/>	Date: <input type="text"/>
Name: <i>(Please Print)</i> <input type="text"/>	Phone Number: <input type="text"/>

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

RETURN FORM TO:

NCP – PRESCHOOL DAYCARE
Infant – Pre-K
preschool@ncslacey.org
360-493-2223 ext. 500
360-412-0910 fax

NCA – ELEMENTARY/JUNIOR HIGH
Kindergarten – 8th grade
nca@ncslacey.org
360-493-2223 ext. 209
360-412-0910 fax

NCHS – HIGH SCHOOL
9th – 12th grade
nchs@ncslacey.org
360-491-2966
360-491-3086 fax