

# Northwest Christian Schools of Lacey

## PHYSICAL EXAMINATION

To be completed by Licensed Health Care Professional

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

Vision: <input type="checkbox"/> Without Glasses <input type="checkbox"/> With Glasses
Right: 20/ <input type="text"/> <input type="text"/> Left: 20/ <input type="text"/> <input type="text"/>

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

<b>General Condition</b>
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments: <input type="text"/>
<b>Medical Conditions, Chronic Diseases or Allergies</b>
Comments: <input type="text"/>

Present Medications:

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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:

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Additional Comments:

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Signature/Title of Health Care Provider:

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Date:

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Name: *(Please Print)*

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Phone Number:

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

**Return completed form to the admissions office.**

Email: [admissions@ncslacey.org](mailto:admissions@ncslacey.org)

Northwest Christian Schools of Lacey

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