

Teeth

Date of last exam _____
Reason _____
Condition _____

General emotional health

(Answer **Yes** or **No**)
Frequent trouble sleeping _____
Behavioral problems _____
Temper tantrums _____
Depression or excessive worry _____
Anorexia _____
Nailing biting _____
Any other _____

Hearing

Date of last exam _____
Condition _____

Presently under doctor's care _____
Present medication(s) and dosage _____

Eyes

Date of last exam _____
Condition _____

Required Laboratory Tests

CBC (complete blood count) _____
Urinalysis _____
Stool test _____

Comments

Physical activity

Note to doctor: With the present emphasis on physical fitness, the medical examination becomes even more important as administration needs to know each student's capabilities and limitations. The information below will be used to determine the child's Physical Education program.

Please check each item yes or no in the table below. Each item checked "Yes" should be explained in the right hand column of the table and should be accompanied by a letter from the doctor if the child needs to be excused from Physical Education classes and Sports. If a doctor's letter is issued, please state "See doctor's letter" in the right hand column of the table.

Question	Yes	No	Comment
Has child had an operation or been advised to take one?			
Does child have an existing sporting injury?			

Can child compete fully in sports, including competitive sports?			
Can child participate in Physical Education, but not competitive sports?			
No participation in sports.			
Limitation only in certain sports.			

Signature of Doctor: _____

Date: _____

Doctor's Name (Please print): _____

Doctor's Stamp/ Seal