

If your student will join a sports team, please complete a sports physical INSTEAD of this form. Either form is acceptable for entrance to C.A. However, sports teams require the sports physical. Download at www.collegedaleacademy.com.

COLLEGEDALE ACADEMY PHYSICAL EXAMINATION RECORD (Portions of this form may be omitted at the physician's discretion)

NAME _____ NAME _____
LAST FIRST MIDDLE PARENTS OR GUARDIANS

Birth Date _____ Address _____

Age _____ Gender _____ Grade _____

Date _____ Telephone _____

<p>Student Check This Section: General Health</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Excellent..... ()</td> <td style="width: 50%;">Measles..... ()</td> </tr> <tr> <td>High Average..... ()</td> <td>Mumps..... ()</td> </tr> <tr> <td>Low Average..... ()</td> <td>Malaria..... ()</td> </tr> <tr> <td>Poor..... ()</td> <td>Polio..... ()</td> </tr> <tr> <td></td> <td>Diabetes..... ()</td> </tr> </table> <p>Family History (Immediate)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Diabetes..... ()</td> <td style="width: 50%;">Nervous..... ()</td> </tr> <tr> <td>Epilepsy..... ()</td> <td>Orthopedic..... ()</td> </tr> <tr> <td>Heart..... ()</td> <td>Joint, swollen and painful..... ()</td> </tr> <tr> <td>Nervous Breakdown..... ()</td> <td>Rheumatic Fever..... ()</td> </tr> <tr> <td>Tuberculosis..... ()</td> <td>Accident..... ()</td> </tr> <tr> <td>Other..... ()</td> <td>Surgery..... 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IMMUNIZATIONS

The PERMANENT TENNESSEE CERTIFICATE OF IMMUNIZATION is required of all new students and is DUE AT REGISTRATION.

For the required immunizations list for Tennessee schools see www.TN.GOV under the Department of Health link.

PHYSICIAN'S RECORD

Circle No. 1 if normal; No. 2 if slight concern; No. 3 if condition needs attention

<p>MOUTH 1 2 3</p> <p style="padding-left: 40px;">Breath..... () Lips..... () Membrane..... () tongue..... () post nasal discharge.. ()</p> <p>TEETH 1 2 3</p> <p style="padding-left: 40px;">cavities..... () fillings..... () diseased gums..... ()</p> <p>TONSILS 1 2 3</p> <p style="padding-left: 40px;">absent..... () enlarged..... () inflamed..... ()</p> <p>NOSE 1 2 3</p> <p style="padding-left: 40px;">discharge..... () obstruction..... () inflammation..... () sinusitis..... ()</p> <p>EYES 1 2 3</p> <p style="padding-left: 40px;">lids..... () strabismus..... () diseased..... () conjunctiva..... ()</p> <p>EARS 1 2 3</p> <p style="padding-left: 40px;">wax..... () discharge..... () canal..... () drum..... () mastoid..... ()</p> <p>BLOOD PRESSURE/ HEART 1 2 3</p> <p style="padding-left: 40px;">enlarged..... () irregularities.... () murmurs..... ()</p>	<p>LUNGS 1 2 3</p> <p style="padding-left: 40px;">expansion..... () rales..... () dullness..... ()</p> <p>ORTHOPEDICS 1 2 3</p> <p style="padding-left: 40px;">joints; swollen painful..... () spine; lordosis..... () kyphosis..... () scoliosis..... ()</p> <p>REFLEXES 1 2 3</p> <p style="padding-left: 40px;">absent..... () sluggish..... () exaggerated..... ()</p> <p>ABDOMEN 1 2 3</p> <p style="padding-left: 40px;">scar..... () ptosis..... () hernia..... () organs, palpable..... () tender, where..... ()</p> <p>SKIN 1 2 3</p> <p style="padding-left: 40px;">eruption..... () disease..... () hair..... () nails..... ()</p> <p>Severe Allergies include: _____</p> <p>_____</p> <p>Treat allergic reactions with:</p> <p>_____</p>
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RECOMMENDATIONS

PHYSICAL EDUCATION:

Unlimited..... ()

Limited: activities to exclude: _____

No PE--The date to safely resume activities:

Physician Information:

Physician's Signature

Date: _____

Physician's Name (print/type): _____

Phone: _____