

If your student will be a part of sports team, please complete a sports physical INSTEAD of this form.
 Either form is acceptable for entrance to CA, however sports teams require the sports physical.
 Sports physical forms may be downloaded at collegedaleacademy.com.
 (specifically - www.collegedaleacademy.com/ca-athletics)

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>Excellent..... ()</td> <td>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>Diabetes..... ()</td> <td>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..... ()</td> </tr> </table> <p>Personal History</p> <table style="width: 100%; border: none;"> <tr> <td>Pleurisy..... ()</td> <td>Allergy..... ()</td> </tr> <tr> <td>Pneumonia..... ()</td> <td>Asthma..... ()</td> </tr> <tr> <td>Tuberculosis..... ()</td> <td>Hay Fever..... ()</td> </tr> <tr> <td>Whooping Cough... ()</td> <td>Sinusitis..... ()</td> </tr> <tr> <td>Typhoid..... ()</td> <td>Colds, Frequent..... ()</td> </tr> <tr> <td>Diphtheria..... ()</td> <td>Influenza..... ()</td> </tr> <tr> <td></td> <td>Injury..... ()</td> </tr> </table>	Excellent..... ()	Measles..... ()	High Average..... ()	Mumps..... ()	Low Average..... ()	Malaria..... ()	Poor..... ()	Polio..... ()		Diabetes..... ()	Diabetes..... ()	Nervous..... ()	Epilepsy..... ()	Orthopedic..... ()	Heart..... ()	Joint, swollen and painful..... ()	Nervous Breakdown..... ()	Rheumatic Fever..... ()	Tuberculosis..... ()	Accident..... ()	Other..... ()	Surgery..... ()	Pleurisy..... ()	Allergy..... ()	Pneumonia..... ()	Asthma..... ()	Tuberculosis..... ()	Hay Fever..... ()	Whooping Cough... ()	Sinusitis..... ()	Typhoid..... ()	Colds, Frequent..... ()	Diphtheria..... ()	Influenza..... ()		Injury..... ()	<p style="text-align: center;">Circle No. 1 if normal; No. 2 if slight concern; No. 3 if condition needs attention</p> <p>Nutrition</p> <table style="width: 100%; border: none;"> <tr> <td>Height in inches.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weight</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Actual.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Standard.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Underweight.....lbs.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Overweight.....lbs.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table> <p>Hearing</p> <table style="width: 100%; border: none;"> <tr> <td>right.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>left.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table> <p>Vision</p> <table style="width: 100%; border: none;"> <tr> <td>right.....20/20</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>left.....20/20</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> <p>Glasses</p> <table style="width: 100%; border: none;"> <tr> <td>right.....20/20</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>left.....20/20</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> <p>Color Vision.....</p> <p><u>LAB, BLOOD PRESSURE, & TEMPERATURE</u></p> <p>Temperature: _____</p> <table style="width: 100%; border: none;"> <tr> <td>Blood Pressure _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Hemoglobin _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Urinalysis _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>	Height in inches.....				Weight				Actual.....	1	2	3	Standard.....	1	2	3	Underweight.....lbs.	1	2	3	Overweight.....lbs.	1	2	3	right.....	1	2	3	left.....	1	2	3	right.....20/20	/	/	left.....20/20	/	/	right.....20/20	/	/	left.....20/20	/	/	Blood Pressure _____	1	2	3	Hemoglobin _____	1	2	3	Urinalysis _____	1	2	3
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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: 20px;">Breath..... () Lips..... () Membrane..... () tongue..... () post nasal discharge.. ()</p> <p>TEETH 1 2 3</p> <p style="padding-left: 20px;">cavities..... () fillings..... () diseased gums..... ()</p> <p>TONSILS 1 2 3</p> <p style="padding-left: 20px;">absent..... () enlarged..... () inflamed..... ()</p> <p>NOSE 1 2 3</p> <p style="padding-left: 20px;">discharge..... () obstruction..... () inflammation..... () sinusitis..... ()</p> <p>EYES 1 2 3</p> <p style="padding-left: 20px;">lids..... () strabismus..... () diseased..... () conjunctiva..... ()</p> <p>EARS 1 2 3</p> <p style="padding-left: 20px;">wax..... () discharge..... () canal..... () drum..... () mastoid..... ()</p> <p>BLOOD PRESSURE/ HEART 1 2 3</p> <p style="padding-left: 20px;">enlarged..... () irregularities.... () murmurs..... ()</p>	<p>LUNGS 1 2 3</p> <p style="padding-left: 20px;">expansion..... () rales..... () dullness..... ()</p> <p>ORTHOPEDECS 1 2 3</p> <p style="padding-left: 20px;">joints; swollen painful..... () spine; lordosis..... () kyphosis..... () scoliosis..... ()</p> <p>REFLEXES 1 2 3</p> <p style="padding-left: 20px;">absent..... () sluggish..... () exaggerated..... ()</p> <p>ABDOMEN 1 2 3</p> <p style="padding-left: 20px;">scar..... () ptosis..... () hernia..... () organs, palpable..... () tender, where..... ()</p> <p>SKIN 1 2 3</p> <p style="padding-left: 20px;">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: _____