

If your student plans to be a part of an interscholastic sports team* at CA, 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/apply or on CA's athletics pages of the website.

*CA's interscholastic sports opportunities:

Grades 3-5: Students planning on participating in Cross Country

Grades 6-12: Students planning participating in any interscholastic sport - golf, cross country, tennis, volleyball, basketball, soccer, track & field (9-12 only)

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> <p>Excellent..... () Measles..... () High Average..... () Mumps..... () Low Average..... () Malaria..... () Poor..... () Polio..... ()</p> <p style="text-align: center;">Diabetes..... ()</p> <p>Family History (Immediate)</p> <p>Diabetes..... () Nervous..... () Epilepsy..... () Orthopedic..... () Heart..... () Joint, swollen and painful..... () Nervous Breakdown..... () Rheumatic Fever..... () Tuberculosis..... () Accident..... () Other..... () Surgery..... ()</p> <p>Personal History</p> <p>Pleurisy..... () Allergy..... () Pneumonia..... () Asthma..... () Tuberculosis..... () Hay Fever..... () Whooping Cough.... () Sinusitis..... () Typhoid..... () Colds, Frequent..... () Diphtheria..... () Influenza..... () Injury..... ()</p>	<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> <p>Height in inches.....</p> <p>Weight</p> <table style="width: 100%; border: none;"> <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.....</td> <td style="text-align: center;">20/20</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>left.....</td> <td style="text-align: center;">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.....</td> <td style="text-align: center;">20/20</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>left.....</td> <td style="text-align: center;">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>	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>Breath..... () Lips..... () Membrane..... () tongue..... () post nasal discharge.. ()</p> <p>TEETH 1 2 3</p> <p>cavities..... () fillings..... () diseased gums..... ()</p> <p>TONSILS 1 2 3</p> <p>absent..... () enlarged..... () inflamed..... ()</p> <p>NOSE 1 2 3</p> <p>discharge..... () obstruction..... () inflammation..... () sinusitis..... ()</p> <p>EYES 1 2 3</p> <p>lids..... () strabismus..... () diseased..... () conjunctiva..... ()</p> <p>EARS 1 2 3</p> <p>wax..... () discharge..... () canal..... () drum..... () mastoid..... ()</p> <p>BLOOD PRESSURE/ HEART 1 2 3</p> <p>enlarged..... () irregularities.... () murmurs..... ()</p>	<p>LUNGS 1 2 3</p> <p>expansion..... () rales..... () dullness..... ()</p> <p>ORTHOPEDECS 1 2 3</p> <p>joints; swollen painful..... () spine; lordosis..... () kyphosis..... () scoliosis..... ()</p> <p>REFLEXES 1 2 3</p> <p>absent..... () sluggish..... () exaggerated..... ()</p> <p>ABDOMEN 1 2 3</p> <p>scar..... () ptosis..... () hernia..... () organs, palpable..... () tender, where..... ()</p> <p>SKIN 1 2 3</p> <p>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: _____