



Aldersgate

CHRISTIAN ACADEMY

PHYSICAL EXAMINATION FOR FLAMES ATHLETIC EVENTS

First Name	Middle Name	Last Name	
Street Address		City, State, Zip	
Date of Birth	Gender	Height	Weight
Blood Pressure	Pulse	Vision without glasses	Vision with glasses

Check the proper column for each item	Normal	Abnormal	Details of Abnormalities
1. Mouth/Teeth			
2. Throat/Tonsils			
3. Nose/Sinuses			
4. Hearing			
5. Lungs/Chest			
6. Heart (estimate cardiac function)			
7. Abdomen			
8. Endocrine System			
9. Genito-Urinary System			
10. Skin			
11. Neurological System			

Please explain all "yes" answers for the following questions. If additional space is needed, please use reverse side.

Is there a present illness?	_____ Yes	_____ No
Is there a history of any serious illnesses?	_____ Yes	_____ No
Is the applicant allergic to any drug(s)?	_____ Yes	_____ No
Does the applicant have any allergies?	_____ Yes	_____ No
Does the applicant show signs of emotional instability?	_____ Yes	_____ No
Is the applicant presently on any drugs?	_____ Yes	_____ No
Is there any reason why the applicant should not take physical education classes?	_____ Yes	_____ No
Does the applicant or his/her family have any history of epilepsy, mental illness or nervousness?	_____ Yes	_____ No

REQUIRED FOR PARTICIPATION IN FLAMES EVENTS

PPD _____ Negative _____ Positive _____
month/day/year
(PPD is required for foreign students only or those returning from an overseas mission. If positive, must have chest x-ray.)

Tetanus Shot: _____ MMR (Measles, Mumps, Rubella) 2 vaccines: _____
month/day/year month/day/year

Doctor's Signature	Examination Date
Doctor's Business Address	Doctor's Business Phone

REFUSAL STATEMENT

I do NOT choose to turn in a Physical Examination form for my child. Therefore, I assume all responsibility for injuries that my child may incur while participating in Flames athletic events.

Parent Signature	Date
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