



Aldersgate

CHRISTIAN ACADEMY

PHYSICAL EXAMINATION

This form is relative to Application for Admission

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 ADMISSION

PPD ___ Negative ___ Positive _____
month/day/year
(PPD is required for international students only or those returning from an overseas mission trip. 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

To be completed and mailed by the examining physician.

Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, OH 45202