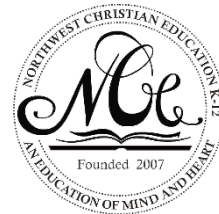


SUMMIT CHRISTIAN ACADEMY Health Record

Health Care Provider's Examination



Name _____ Male Female Date of Birth: _____

Medical History _____

Current Health Issues

Y N

- Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen: Yes No
- Asthma: Asthma Action Plan Yes No *(Please attach)*
- Diabetes: Type I Type II
- Seizure disorder: _____
- Other *(Please specify)* _____

Current Medications (if relevant to the student's health and safety) *Please circle those administered in school; a separate medication order form is needed for each medication administered in school.*

Physical Examination

Hgt: _____ (____%) Wgt: _____ (____%) BMI: _____ (____%) BP: _____

- General _____ Lungs _____ Extremities _____
- Skin _____ Heart _____ Neurologic _____
- HEENT _____ Abdomen _____ Other _____
- Dental/Oral _____ Genitalia _____

Screening:	Pass	Fail	Pass	Fail	Pass	Fail		
Vision: Right Eye	<input type="checkbox"/>	<input type="checkbox"/>	Hearing: Right Ear	<input type="checkbox"/>	<input type="checkbox"/>	Postural Screening:	<input type="checkbox"/>	<input type="checkbox"/>
Left Eye	<input type="checkbox"/>	<input type="checkbox"/>	Left Ear	<input type="checkbox"/>	<input type="checkbox"/>	(Scoliosis/Kyphosis/Lordosis)		
Stereopsis	<input type="checkbox"/>	<input type="checkbox"/>						

The examination was normal: Yes No

The student has the following problems that may impact his/her educational experience:

- Vision Hearing Speech/Language Fine/Gross Motor Deficit
- Emotional/Social Behavior Other None

Comments/Recommendations: _____

Yes No **This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:** _____

Yes No **Immunizations are complete: If no, give reason: Please attach the Washington State Certificate of Immunization Status (CIS) or Certificate of Exemption (COE).**

Signature of Examiner *Circle: MD, DO, NP, PA*

Date

Please print name of Examiner