



Calvary Baptist School
 N84W19049 Menomonee Avenue
 Menomonee Falls, WI 53051



Medical Record - Physician
 Confidential

Student Information		Date of Examination:	
Legal Name			
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Height:	Weight:	Blood Pressure:	TPR:
Nose, throat, sinuses:			
Teeth and gums:			
Eyes:	Is correction recommended:		
Ears:	Skin:		
Chest and lungs:	Heart:		
Abdomen: Scars	Hernia:		
Blood:	Type if known:		
Gastro intestinal tract:			
Evidence of glandular imbalance: If so, please specify:		Is treatment required/recommended:	
Orthopedic defects:		Posture:	
Has applicant any allergy or drug sensitivity?			
Are there any special weaknesses or limitations:			
Has applicant suffered from any nervous or emotional disturbances? If so, at what age? Please explain:			
Do you consider the applicant's health adequate for intensive school work?			
Is applicant able to participate in normal physical education classes in physical education?			
Full schedule <input type="checkbox"/> Limited <input type="checkbox"/> Excused <input type="checkbox"/>			
If excused, please explain reason:			
Remarks			
Doctor's Signature		Date	