EBENEZER
CHRISTIAN SCHOOL

Physician's Examination Report for School Entry
2023-2024

Child's Name_____Birthdate_____

Address_____City/State/Zip_____

Parent's Name(s)_____Phone_____

Physician's Name_____Phone_____

Medication Record:
Does your child have a medical condition that requires regular doses of prescription medication? ☐ Yes ☐ No
Medical Condition_____ Medication_____

If your child will need to take medication during school hours, please request the appropriate forms from the school office.

Examination Report: (To be completed by physician)

1. Is there any medical reason for limiting participation in academic work?
   ☐ Yes Explain _____ ☐ No
2. Is there any medical reason for limiting participation in physical education or sports?
   ☐ Yes Explain _____ ☐ No
3. Does the child have any known abnormalities of vision or hearing?
   ☐ Yes Explain _____ ☐ No
4. Do you feel that the child requires special seating due to hearing or vision loss?
   ☐ Yes Explain _____ ☐ No
5. Has the child ever had an allergic reaction (i.e., bee stings, food) that required emergency care?
   ☐ Yes Explain _____ ☐ No
6. Does the student have any chronic or long-term physical and/or emotional conditions?
   ☐ Yes Explain _____ ☐ No
7. Posture/Scoliosis Screening:
   Normal ☐ Abnormal ☐ Explain _____
8. Are this child's immunizations up to date? ☐ Yes ☐ No
   (Parent is required to provide up-to-date certification of immunization status to the school prior to attendance)

Physician's signature_____ **Date**_____

Please return this form to Ebenezer Christian School before student is scheduled to begin classes.
9390 Guide Meridian Rd., Lynden, WA 98264

Fax: 360-354-7093 office@ebenezerchristianschool.org