



Teaching Them For Him

Physician's Examination Report for School Entry

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.

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