



Physician's Examination Report for School Entry
2018-2019

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?
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?
2. Is there any medical reason for limiting participation in physical education or sports?
3. Does the child have any known abnormalities of vision or hearing?
4. Do you feel that the child requires special seating due to hearing or vision loss?
5. Has the child ever had an allergic reaction (i.e., bee stings, food) that required emergency care?
6. Does the student have any chronic or long-term physical and/or emotional conditions?
7. Posture/Scoliosis Screening:
8. Are this child's immunizations up to date?

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