

Physical Form

Dayspring Christian Academy

To be completed by a licensed physician or health care professional who has seen the child in the last 12 months

Name of student: _____

Physical Examination

Date _____ Height _____ Weight _____

Pulse rate _____ Blood Pressure _____

	Normal	Abnormal	Comments	Examiner
Eyes				
Ears, Nose, Throat				
Mouth & Teeth				
Neck (soft tissue)				
Cardiovascular				
Chest & Lungs				
Abdomen				
Genitalia - Hernia				
Sexual Maturity				
Skin & Lymphatic's				
Neck				
Spine				
Shoulders				
Arms & Hands				
Hips				
Thighs				
Knees				
Feet				
Ankles				
Neurological				

Participation Recommendations:

No history or physical findings on this exam would prohibit this student in any activities except: _____

This student should have the following health problems evaluated or treated before participation recommendations can be made:

 (Physician)

 (Date)

Please return this form to Dayspring Christian Academy-Attn: **Kelley Launer/Registrar**
 3734 W. 20th Street, Greeley, CO 80634-3429
 (970) 584-2580-Registrar Direct (970) 330-1151-School's Main Line or fax to: (970) 330-0565
 Or email to: klauner@dayspringeagles.org