



Village Christian Academy

# MEDICAL EXAMINATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

## MEDICAL HISTORY

IS THERE A KNOWN HISTORY OF:

- |   |           |          |
|---|-----------|----------|
| A. Birth deformities (one eye, one kidney, etc)?        | YES _____ | NO _____ |
| B. Known past illness of more than one week's duration? | YES _____ | NO _____ |
| C. Medical conditions currently under treatment?        | YES _____ | NO _____ |
| D. Fractures or other disabling injuries?               | YES _____ | NO _____ |
| E. Any permanent deformity or disability?               | YES _____ | NO _____ |
| F. Allergy (drugs, food, clothing, etc.)?               | YES _____ | NO _____ |
| G. Mental disorder or convulsions?                      | YES _____ | NO _____ |

Explain any above questions answered yes \_\_\_\_\_

## MEDICAL EXAM

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

- |                      |       |       |
|----------------------|-------|-------|
| 1. Eyes              | _____ | _____ |
| 2. ENT               | _____ | _____ |
| 3. Heart             | _____ | _____ |
| 4. Lungs             | _____ | _____ |
| 5. Abdomen           | _____ | _____ |
| 6. Genitalia (males) | _____ | _____ |
| 7. Musculoskeletal   | _____ | _____ |
| 8. Neurological      | _____ | _____ |
| 9. Skin              | _____ | _____ |

## LABORATORY

Urinalysis \_\_\_\_\_

Micro if any abnormalities found in protein \_\_\_\_\_

Other (where indicated) \_\_\_\_\_

I certify that I have examined the above named student and find him/her medically (qualified/not qualified) to compete in interscholastic sports for Village Christian Academy.

Physician \_\_\_\_\_ Licensed in North Carolina: Y N

Address \_\_\_\_\_ Date \_\_\_\_\_