Michiana Christian Academy

PHYSICAL EXAM FORM

Must be completed by a physician or nurse practitioner.
Required for all new students, transfer students, or kindergarteners.
MCA must have at least one physical on file for each enrolled student.

Student Name: _____ Date of Birth: _____

Allergies: _____ Reaction: _____

Current Medications (list name, dose, frequency, reason for taking): □ NONE – student is not on any medications

Medication Name	Dose & Frequency	Reason	Comments

Physical Exam

Date of Exam: _____ Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____

	Normal	Abnormal	Comments
HEENT			
Skin			
Heart			
Lungs			
Abdomen			
Musculoskeletal			
Neurological			
Extremities			
Mental Health			

Lead Level (if indicated): _____ Sickle Cell (if indicated): _____

PPD: □ Not Indicated □ Date Given: _____ Date Read: _____ Results: _____

Is this child physically fit to participate in all physical education programs: □ YES □ NO

Are there any health conditions the school should know about? _____

Does this child have any of the following health conditions:
□ None □ ADHD □ Asthma □ Life-Threatening Allergies □ Depression □ Diabetes □ Seizures

Does this child need to use an Epi-Pen: □ No □ Yes Any Dietary Considerations? □ No □ Yes

If this child has asthma, seizures, or life-threatening allergies then he/she will require an emergency action plan on file with the office.

Immunizations □ Up To Date □ Not Up To Date (please indicate why) _____

Please provide an updated copy of this child's immunization record.

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Printed Name: _____

Healthcare Provider Phone Number: _____