

College Community Schools
401 76th Avenue S.W.
Cedar Rapids, Iowa 52404

Physical exams are recommended entering grades K, 2, 5, 7, 9, 11 and required yearly (preferably in summer) for athletic participation

Medical Examination Record

Name _____ School _____ Grade _____

Address _____ Date of Birth _____ Sex _____

Parent/Guardian _____ Phone _____

Family Doctor _____ Doctor's Phone Number _____

History of illness, injury, surgery: _____

Allergies, Asthma, Hayfever _____

Immunizations - Date of Last Booster

DPT _____ MMR _____

DT _____ Hepatitis B 1 _____

2 _____

Tetanus _____ 3 _____

Polio _____ TB (Mantoux) _____

Current medications: _____

Medications taken at school: _____

Height _____ Weight _____ BMI _____

B.P. _____ Pulse _____

Hemoglobin _____ HCT _____

Urinalysis: Sp. Gr. _____ Sugar _____

Albumin _____ Micro _____

Vision Acuity (R) _____ (L) _____ Both _____

Corrected: yes _____ no _____

EENT _____

Lymph Glands _____

Heart _____

Lungs _____

Abdomen _____

Muscular/Skeletal _____ Scoliosis _____

Physical education and athletic program: Full & Unlimited _____ Restricted _____

If restricted, reason or diagnosis? _____

If limited program is recommended, what activities may he/she not enter? _____

Physician's recommendations or referrals _____

Physician's Signature _____ Date of Exam _____

Printed Name of Physician _____