



Note to Parent: Your physician will need an up-to-date immunization record to complete this form.

PHYSICAL EXAMINATION (To be completed by student's physician or primary healthcare provider.)

Student Name _____ Date of Birth _____

Date of Exam _____ How long have you attended this person? _____

_____ Height _____ Weight _____ Temperature _____ Pulse

_____ Blood Pressure _____ Vision _____ Hearing

NORMAL		ABNORMAL	REMARKS
_____	Face and skin	_____	
_____	Eyes	_____	
_____	ENT	_____	
_____	Teeth	_____	
_____	Neck, thyroid	_____	
_____	Lymph nodes	_____	
_____	Chest	_____	
_____	Heart	_____	
_____	Lungs	_____	
_____	Abdomen	_____	
_____	Hernia	_____	
_____	Extremities	_____	
_____	Neurological	_____	

Are all required immunizations up-to-date (physician verification is required for enrollment)? _____

When is(are) next shot(s) due? _____

Describe any abnormality including emotional disturbances which should be known to OCA personnel.

Is there any reason to suspect that this student has been involved with drug or alcohol abuse? _____

Are there any restrictions to physical activity/physical education classes? _____

If yes, please explain _____

Do you have any concerns about this student being away from home in a boarding school environment?

If you wish OCA personnel to continue with some medications or treatments you have been giving, please attach your orders.

Physician's signature _____

Physician's name (please print) _____

Physician's address _____

Physician's phone _____ Physician's fax _____

**MUST ATTACH CURRENT IMMUNIZATION CERTIFICATE
SIGNED BY DOCTOR OR HEALTH DEPARTMENT**