



CORNERSTONE
CHRISTIAN • ACADEMY

PHYSICAL EXAM FORM

The physical exam must be completed by a physician and signed by the physician or a licensed nurse practitioner or physician's assistant provided this person has been delegated that task by the M.D.

STUDENT NAME: _____

Date of Birth: _____ Age: _____ M/F Entering Grade _____ in August 20 _____

VITAL SIGNS	
_____ Height	_____ Resting Pulse
_____ Weight	_____ Pulse (post exercise)
_____ BMI	

PHYSICAL EXAMINATION	
_____ Head/Neck	_____ Spine
_____ Lungs	_____ Extremities
_____ Abdomen/Hernia	_____ Cardiac
Other Findings: _____	
The student was found to be free of communicable diseases.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student was checked for scoliosis, scapula prominence and shoulder tilt.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student's vision and hearing are normal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's General Condition: (please check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
_____ Student is cleared for full participation in physical education and all athletics.	
_____ Student is cleared after completing evaluation/rehabilitation for: _____	
_____ Student is not cleared . Explain limitations/exemptions: _____	

- **THIS FORM MUST BE UPLOADED TO MAGNUS HEALTH NO LATER THAN AUGUST 1 in order for your child to attend class on the first day of school.**
- This form must be completed between **April 1 and July 31.**
- NOTE: Only **NEW** students must upload an updated 3231 Immunization Form.

Physician's Signature

Date

Physician's Stamp: