

Cresset Christian Academy

3707 Garrett Rd., Durham, NC 27707
phone: 919-489-2655 fax: 919-493-8102

SCHOOL PHYSICAL FORM 2010-2011

This Section must be completed only for: (1) All new students
(2) students entering grades **K5, 3, 6, 9**
(3) yearly for sports participation
(due before 1st day of practice, i.e. **July 30** for Fall sports)

PATIENT'S NAME _____ BIRTH DATE _____ GRADE _____

The above patient is well and free of contagious disease except for _____

Weight: _____ Height: _____ Blood Pressure: _____

Urinalysis: _____ Allergies: _____

Audio: _____ Vision: L20/ _____ R20/ _____

Date of last tetanus booster: _____ Date of last TB test: _____

All state required immunizations are up to date: _____ yes; rec'vd. this visit: _____

Immunizations scheduled: _____

Special needs and concerns: _____

I find no contradiction to his/her participating in (name of sport) _____

Comments:

Date of Exam _____ Signature of licensed physician: _____

Physician's name printed: _____ Phone #: _____