

# PHYSICAL FORM

## CRESSET CHRISTIAN ACADEMY

3707 Garrett Road, Durham, NC 27707  
Phone (919)489-2655 / Fax (919)354-8009



**This Section must be completed only for:** (1) All new students  
(2) students entering grades Kindergarten, 3, 6, 9  
(3) yearly for sports participation  
(due before 1<sup>st</sup> 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 any sport \_\_\_\_\_

Comments:

Date of Exam \_\_\_\_\_ Signature of licensed physician: \_\_\_\_\_

Physician's name printed: \_\_\_\_\_ Phone #: \_\_\_\_\_