

PARENT / GUARDIAN COMPLETE:

Primary Care/General Practitioner: _____ Phone: _____

Orthopedist: _____ Phone: _____

Dentist: _____ Phone: _____

Ophthalmologist: _____ Phone: _____

HEALTH HISTORY

Does student have a history of:	Yes	No	Does student have a history of:	Yes	No
Chronic/Recurrent Illness?			Dizziness, Fainting, Convulsions, Headaches?		
Hospitalizations?			Being "knocked out, Concussions?		
Missing Organs?			Vision Problems, Glasses, or Contacts?		
Surgery other than tonsils?			Hearing Problems?		
Current Medications/Dietary Supplements?			Blood Pressure or Heart Problems?		
Allergy to Medications?			Diabetes?		
Allergy to Insect Bites/Stings?			Liver, Spleen, or Kidney Problems?		
Asthma?			Hernia?		
Epilepsy?			Bone, Joint, or Orthopedic Problems?		
Heat-related illness?			Recurrent Skin Disease?		

Explain "Yes" answers from above as well as other significant physical/mental health information. _____

PHYSICIAN COMPLETES BELOW:

ANNUAL PHYSICAL EXAMINATION – Required for new students and recommended for returning students.

	OK	COMMENTS	VITALS	
Eyes/Vision			Height	
Ears/Hearing, Nose, Throat				
Heart			Weight	
Lungs				
Abdomen, Spleen, Liver			Pulse	
Hernia				
Musculoskeletal			Blood Pressure	
Neurological				
Skin				
Urinalysis				

Attach the Georgia Certificate of Immunization for new students and those who have received a booster this year.

DATE OF LAST TETANUS INJECTION _____

I have examined this student and certify him/her able to participate/compete in supervised athletic activities including physical education.

Signature of Examining Physician: _____, Date of Exam: _____

THIS ORIGINAL HEALTH FORM MUST BE RETURNED TO THE DIRECTOR BEFORE ADMITTANCE TO:

Wildwood Christian Academy, 695 Whitley Road South, Marble Hill, GA 30148