



Lawrence Academy
148 Avoca Farm Road
Merry Hill, NC 27957

Physical Examination Form 2017 – 2018

Note: Lawrence Academy and the State of North Carolina require a Physical Examination Form for all entering Pre-K and Kindergarten students, all new students, and students entering grade 7. Additionally, all participants in Lawrence Academy’s athletic program must have a physical examination prior to beginning said participation. The athletic physical is valid for 12 months.

Immunization Record: Please submit a copy of your child’s immunization record as required by NC state law.

Student Name _____ Entering Grade _____

Date of Birth _____ Age _____ Circle one: Male Female

Medical History – To be completed by a licensed physician, nurse practitioner, or physician assistant.

Does the child have any drug allergies? Yes No If yes, please explain: _____

Other allergies _____

Has the child had any major injuries (especially recent orthopedic)? _____

Has the child had any recent major illnesses? _____

Does the child require any special protective equipment or medical devices other than that required by a sport? _____

Physical Examination – To be completed by a licensed physician, nurse practitioner, or physician assistant.

Weight _____ Height _____ B.P. _____ Pulse _____ Hearing: Rt. _____ Lt. _____ Heart _____

Lungs _____ Abdomen _____ Hernia _____ Posture _____ Urinalysis _____ Vision: Rt. _____ Lt. _____

Hgb. OR Hct: _____ Disabilities _____ Limitations _____

Tuberculin Test (if indicated): _____ If positive, X-ray with date and results _____

Is this child able to participate in Physical Education and/or recess/physical play? Yes No

If no, please explain _____

May this child participate in athletics? Yes No If no, please circle the sports below that are not permitted:

Baseball Basketball Cheerleading Football Golf Softball Tennis Volleyball Weight Training

Comments: _____

Examiner’s Name (Print) _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Date of Exam _____

Examiner’s Signature _____

Circle your degree MD DO PA NP