

Physical Examination Form 2018 – 2019

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 (grades 6-12) 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 Na	me	·····		Enterin	g Grade	
Date of Birt	th	Age C	ircle one: Male Fen	nale		
Medical His	story – To be comple	eted by a licensed	physician, nurse pra	ctitioner, or physician	assistant.	
		-				
Has the chil	ld had any major inju	uries (especially red	cent orthopedic)?			
Has the ch	ild had any recent	major illnesses?				
Does the c	child require any sp	pecial protective	equipment or med	ical devices other th	an that required by a	sport?
Physical Exa	amination – To be c	ompleted by a lice	ensed physician, nurs	e practitioner, or phy	sician assistant.	
Weight	Height	B.P	Pulse	Hearing: Rt	Lt Heart _	
Weight Lungs	Height Abdomen	B.P Hernia	Pulse Posture	Hearing: Rt Urinalysis		
Weight Lungs Hgb. OR Hc	Height Abdomen :t: Disab	B.P Hernia bilities	Pulse Posture Limitations	Hearing: Rt Urinalysis	Lt Heart _ Vision: Rt	_ Lt
Weight Lungs Hgb. OR Hc	Height Abdomen :t: Disab	B.P Hernia bilities	Pulse Posture Limitations	Hearing: Rt Urinalysis	Lt Heart _	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin	Height Abdomen t: Disat Test (if indicated): _	B.P Hernia bilities	Pulse Posture Limitations If positive	Hearing: Rt Urinalysis , X-ray with date and i	Lt Heart _ Vision: Rt	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child	Height Abdomen t: Disak Test (if indicated): able to participate in	B.P Hernia bilities n Physical Educatio	Pulse Posture Limitations If positive on and/or recess/phy	Hearing: Rt Urinalysis , X-ray with date and i	Lt Heart _ Vision: Rt	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please	Height Abdomen tt: Disat Test (if indicated): able to participate in e explain	B.P Hernia bilities n Physical Educatio	Pulse Posture Limitations If positive on and/or recess/phy	Hearing: Rt Urinalysis , X-ray with date and i sical play? Yes No	Lt Heart _ Vision: Rt results	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please May this ch	Height Abdomen t: Disak Test (if indicated): able to participate in e explain iild participate in ath	B.P bilities n Physical Education	Pulse Posture Limitations If positive on and/or recess/phy If no, please circle th	Hearing: Rt Urinalysis , X-ray with date and i	Lt Heart _ Vision: Rt results e not permitted:	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please May this ch Baseball	Height Abdomen t: Disak Test (if indicated): able to participate in e explain iild participate in ath	B.P bilities n Physical Education netics? Yes No leading Football	Pulse Posture Limitations If positive on and/or recess/phy If no, please circle th	Hearing: Rt Urinalysis , X-ray with date and i sical play? Yes No e sports below that ar	Lt Heart _ Vision: Rt results e not permitted:	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please May this ch Baseball Comments:	Height Abdomen it: Disat Test (if indicated): able to participate in e explain ild participate in ath Basketball Cheerl :	B.P Hernia bilities n Physical Education nletics? Yes No leading Football	Pulse Posture Limitations If positive on and/or recess/phy If no, please circle th Golf Softball	Hearing: Rt Urinalysis , X-ray with date and r sical play? Yes No e sports below that ar Tennis Volleyball	Lt Heart _ Vision: Rt results e not permitted:	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please May this ch Baseball Comments: Examiner's	Height Abdomen t: Disat Test (if indicated): _ able to participate in e explain ild participate in ath Basketball Cheerl : Name (Print)	B.P bilities n Physical Education letics? Yes No leading Football	Pulse Posture Limitations If positive on and/or recess/phy If no, please circle th Golf Softball	Hearing: Rt Urinalysis , X-ray with date and i sical play? Yes No e sports below that ar Tennis Volleyball	Lt Heart Vision: Rt results e not permitted: Weight Training	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please May this ch Baseball Comments: Examiner's Address:	Height Abdomen It: Disab Test (if indicated): able to participate in e explain ild participate in ath Basketball Cheerl : Name (Print)	B.P bilities n Physical Education netics? Yes No leading Football	Pulse Posture Limitations If positive on and/or recess/phy If no, please circle th Golf Softball	Hearing: Rt Urinalysis , X-ray with date and r sical play? Yes No e sports below that ar Tennis Volleyball	Lt Heart Vision: Rt results e not permitted: Weight Training Zip	_ Lt
Weight Lungs Hgb. OR Hc Tuberculin Is this child If no, please May this ch Baseball Comments: Examiner's Address: Phone	Height Abdomen It: Disab Test (if indicated): able to participate in e explain ild participate in ath Basketball Cheerl : Name (Print)	B.P Hernia bilities n Physical Education letics? Yes No leading Football	Pulse Posture Limitations If positive on and/or recess/phy If no, please circle th Golf Softball	Hearing: Rt Urinalysis , X-ray with date and r sical play? Yes No e sports below that ar Tennis Volleyball	Lt Heart Vision: Rt results e not permitted: Weight Training	_ Lt