



**Lawrence Academy**  
**148 Avoca Farm Road**  
**Merry Hill, NC 27957**

## Physical Examination Form

**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

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

**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