

**COLUMBUS CHRISTIAN SCHOOL**  
Entrance Physical Examination

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ Hgb \_\_\_\_\_ UA \_\_\_\_\_

General Appearance \_\_\_\_\_ Skin Condition \_\_\_\_\_ Allergies \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat/Mouth \_\_\_\_\_ Teeth \_\_\_\_\_ Neck \_\_\_\_\_

Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abdomen \_\_\_\_\_ Neurological \_\_\_\_\_

Significant Health Problems or comments \_\_\_\_\_

List prescription medications that are taken daily \_\_\_\_\_

Activity: Unrestricted \_\_\_\_\_ Moderate \_\_\_\_\_ Restricted \_\_\_\_\_

Date of Exam \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

**WAIVER OF PHYSICAL EXAMINATION**

At the time the parent or guardian of any child is notified that such child must have a physical examination pursuant to Section 79-444, School law, he or she shall also be notified in writing of his or her right to submit a written statement refusing a physical examination for his or her child.

I, \_\_\_\_\_, the parent or guardian of  
\_\_\_\_\_, do hereby state my refusal to have a  
physical examination for the above-mentioned child.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)