



— RICAH'S —
ACADEMY

"EXCELLENCE THROUGH LEARNING"

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MEDICAL FORM

PART A (To be completed by parent/ guardian. Please print.)

Student's name: _____ **Gender:** _____
Last First Middle

Place of birth: _____ **Date of birth:** _____
City Country dd/mm/yy

Address: _____ **Home phone:** _____
P.O. Box House No. and Street

PART B (To be completed by examining physician)

Height: _____ ft. _____ in. (_____ m. _____ cm.) **Weight:** _____ lbs. (_____ kg.)

Family history of illnesses (Please tick)

Asthma _____ Allergies _____
Cancer _____ Diabetes _____
Epilepsy _____ Fainting spells _____
Nose bleeds _____ Rheumatic fever _____
Any other disease _____

Student history of illnesses (Please tick)

Asthma _____ Allergies _____
Cancer _____ Diabetes _____
Hypertension _____ Sinusitis _____
Nose bleeds _____ Rheumatic fever _____
Stomach problems _____ Sickle cell disease _____
Chest pains/ pressure _____ Pneumonia _____
Fever seizures _____ Epilepsy _____ Other _____
State any present disease or condition

Immunization (Must be up to date)

DPT **POLIO**
1 _____ 1 _____
2 _____ 2 _____
3 _____ 3 _____
Booster (1) _____ (2) _____ **DT** _____
MMR (1) _____ (2) _____ (3) _____
Other: _____

State if patient has had the following:
Measles _____
Chicken Pox _____
Whooping Cough _____
Tuberculosis _____
Mumps _____
Polio _____
State any exposure within the past six months to
any other contagious disease.

Teeth

Date of last exam _____
 Reason _____
 Condition _____

General emotional health

(Answer Yes or No)
 Frequent trouble sleeping _____
 Behavioral problems _____
 Temper tantrums _____
 Depression or excessive worry _____
 Anorexia _____
 Nail biting _____
 Any other _____

Hearing

Date of last exam _____
 Condition _____

Presently under doctor's care _____
 Present medication(s) and dosage _____

Eyes

Date of last exam _____
 Condition _____

Required Laboratory Tests

CBC (complete blood count) _____
 Urinalysis _____
 Stool test _____

Comments

Physical activity

Note to doctor: With the present emphasis on physical fitness, the medical examination becomes even more important as administration needs to know each student's capabilities and limitations. The information below will be used to determine the child's Physical Education program.

Please check each item yes or no in the table below. Each item checked "Yes" should be explained in the right hand column of the table and should be accompanied by a letter from the doctor if the child needs to be excused from Physical Education classes and Sports. If a doctor's letter is issued, please state "See doctor's letter" in the right hand column of the table.

Question	Yes	No	Comment
Has child had an operation or been advised to take one?			
Does child have an existing sporting injury?			

Can child compete fully in sports, including competitive sports?			
Can child participate in Physical Education, but not competitive sports?			
No participation in sports.			
Limitation only in certain sports.			

Signature of Doctor: _____

Date: _____

Doctor's Name (Please print): _____

Doctor's Stamp/ Seal