



SACRAMENTO ADVENTIST ACADEMY

STUDENT PHYSICAL EXAM

A physical is required for students in grades K-6 entering formal schooling for the first time.

STUDENT INFORMATION

Name _____ Date of Birth _____

Address _____ Mother's Name _____

City, State, Zip _____ Father's Name _____

PERSONAL HISTORY – (Please check the illness the student has experienced.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Measles | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Whooping Cough / | _____ |
| <input type="checkbox"/> Heart Disease | Pertusis | |

ALLERGIES – (Please list any known allergies.)

OTHER FACTORS – (Briefly explain any factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, or vision problems which may affect the child's school experience.)

TUBERCULOSIS ASSESSMENT

Students who have **never** attended a California school must present written evidence of a Mantoux (PPD) skin test. Multiple puncture tests are not acceptable.

1. All kindergarten students. Tests must be given within 1 year prior to school entry. This does not affect preschool or day care as these setting have their own TB skin testing requirements.
2. All other students in grades 1-12 who have never attended any school in California

IMMUNIZATIONS – An official record of immunizations must **accompany this medical record** for all students entering school for the first time in the United States regardless of grade level. Accepted official records include:

- California State Immunization Record (“yellow card”)
- Health provider record (with signature, stamp, or initials next to each date)
- Official immunization record from another state
- California School Immunization Record (CSIR or “blue card”)

PHYSICAL EXAMINATION – (To be completed by the family physician and kept on file at the school.)

Height _____	Weight _____			Blood Pressure _____
	Normal	Abnormal	Not Examined	Explain Abnormalities
Eyes, Vision, Glasses				
Ears, Hearing				
Nose and Throat				
Mouth, Teeth, Speech				
Glands				
Chest, Lungs				
Cardiovascular, Heart				
Abdomen, enlargement				
Abdomen, tenderness				
Abdomen, hernia				
Spine, Back				
Scoliosis				
Posture				
Extremities				
Genitourinary				
Nervous System, Reflexes				

Nutritional Status and General Appearance of the Child / Youth: _____

Recommendations for Additional Medical, Vision, or Dental Care: _____

This student may participate in a normal physical education program which includes such activities as running, jumping, and tumbling.

Yes No. If no, please explain: _____

Physician's Printed Name

Physician's Signature

Date

Address – (Street, City, State & Zip)