

# CANADIAN ACADEMY STUDENT'S PHYSICAL EXAM

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

**This section MUST be completed and signed by a physician**

**Within 6 months PRIOR to first day of school at CA.**

Height: \_\_\_\_ cm Weight: \_\_\_\_ kg BP: \_\_\_\_ Temperature: \_\_\_\_ Pulse: \_\_\_\_ Respirations: \_\_\_\_

|   | Normal             | Abnormal           | Comments      |
|---|--------------------|--------------------|---------------|
| Developmental Assessment  |                    |                    |               |
| Integumentary System  |                    |                    |               |
| Lymphatic System  |                    |                    |               |
| Cardiovascular System   |                    |                    |               |
| Gastrointestinal System   |                    |                    |               |
| Musculoskeletal System  |                    |                    |               |
| Neurological Assessment   |                    |                    |               |
| Genito-Urinary Assessment                                       |                    |                    |               |
| Spinal Exam / Scoliosis   |                    |                    |               |
| Ears / Hearing  |                    |                    |               |
| Nose / Throat   |                    |                    |               |
| Respiratory System  |                    |                    |               |
| Eyes / Vision   | R: ____<br>L: ____ | R: ____<br>L: ____ | Glasses: ____ |
| Chest X-Ray<br>(Required in Gr. 9 or upon entering High School) |                    |                    | Result: _____ |

## History

1. Does the child have any chronic or acute medical condition that may require any intervention at school?

\_\_\_\_\_

2. Are there any concerns about the child's general health that we should be concerned about?

\_\_\_\_\_

3. Are there any concerns about the child's emotional well being? \_\_\_\_\_

\_\_\_\_\_

Physician's Name (print): \_\_\_\_\_ Date of Exam \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_