Cahawba Christian Academy
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CHILD'S MEDICAL REPORT

*This form is to be filled out and signed by your child's physician.

Child's Name_____ DOB_____

Parent or Guardian Names_____

Address _____ City_____ Phone_____

IT IS MANDATORY THAT PUPILS WHO SHOW SYMPTONS OF COMMUNICABLE DISEASES BE EXCLUDED FROM CLASSES UNTIL RE-ADMISSION IS ACCEPTABLE TO SCHOOL AUTHORITIES. YOUR COOPERATION IS GREATLY APPRECIATED.

RECENT HEALTH PROBLEMS (Please check any of the following that have been noted recently.)

□ 4 or more colds/year	□ Fainting spells	□ Hearing difficulties
□ Frequent sore throat	□ Abdominal pain	□ Tires easily
□ Poor vision	□ Allergies	□ Frequent urination
□ Frequent sore throat	□ Persistent Cough	□ Breath shortness
□ Dizziness	□ Speech difficulties	□ Hernia (Rupture)
□ Frequent sties	□ Crippling conditions	□ Ringworm
□ Dental defects	□ Growing pains	□ Nose bleeding

Does your child have a disability due to disease, disorder, or accident? _____

Has your child had a skin test for tuberculosis? _____ Date_____ Results_____

PERSONAL RECORD (Please check any of the following that apply to your child.)

□ S/he is shy?	□ Overactive?	□ Plays well with others?
□ Sucks his/her thumb?	□ Have excessive fears?	□ Bites fingernails?
□ Inquisitive?	□ Have temper tantrums?	□ Eats breakfast?

I examined this child on _____ , 20____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in Preschool activities, except as noted below:

_____
_____
_____
_____

Date:_____ Physician's Signature_____