



TULSA ADVENTIST ACADEMY

“Preparing Students for Heaven and Earth”

Medical Examination Report

Student Name _____ Grade 9 10 11 12

Examination Date _____

1. Significant illnesses, accidents, operations, congenital defects, family history, etc.

2. Emotional stability, mental illnesses, family history, etc.

3. Please indicate below any positive findings on examination, or any handicapping disability, and describe fully.

Skin	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Eyes	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Ears	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Nose/Throat	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Mouth	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Glands	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Heart	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Abdomen	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Hernia	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Extremities	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Genito-Urinary	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____
Nutritional Status	<input type="checkbox"/>	OK	<input type="checkbox"/>	Other _____

Vision R _____ L _____

Hearing R _____ L _____

4. Please specify any recommended limitations in academic or physical activity. If none, check “No limitations”. NO LIMITATIONS

Examining Physician: _____

Signature

Print

Date