

# Community Christian Academy

## Preschool & Childcare

*PHYSICAL EXAM RECORD*

YEAR \_\_\_\_\_

Child's Name: First	Last	Date of Birth

Health Care Provider	Phone Number
Address	Date of Examination

Weight	Height
Limitations to Physical Activity _____ None	Chronic Medical Conditions _____ None
Behavioral Issues/Mental Diagnosis _____ None	Other Concerns _____ None

Allergies	Medications
Preferred Hospital for Emergency Care:	

Results of physical examination normal?	Abnormalities Noted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Physician's Signature	Date