



Maranatha Academy
287Millenium Highway
P.O. Box 825, Providenciales, TCI

PHYSICAL EXAMINATION RECORD **PRINT or TYPE**

Students and or parents are to fill out this sheet. Students must take care of all medical and laboratory work before enrolling at Maranatha Academy.

Name: _____
Last Name First Name Middle Name

Sex: Female Male

Home Address: _____

Nationality: _____ Religion: _____

Birth-date: _____ Age: _____ Grade Completed: _____

Whom to notify if emergency: Name: _____

Address: _____

Phone Number: _____

Personal History

Check (x) which of the following you have had and give date:

- | | | |
|---|-------------------------------|--------------------------|
| () _____ Allergy | () _____ Epilepsy/Fits | () _____ Measles |
| () _____ Anaemia | () _____ Kidney Trouble | () _____ Meningitis |
| () _____ Asthma | () _____ Hay Fever | () _____ Mumps |
| () _____ Back Trouble | () _____ Frequent Fever | () _____ Poliomyelitis |
| () _____ Brain Concussion | () _____ Heart Disease | () _____ Sinusitis |
| () _____ Cancer | () _____ Hernia | () _____ Jaundice |
| () _____ Chicken Pox | () _____ High Blood Pressure | () _____ Tonsilitis |
| () _____ Colds (Frequent) | () _____ Ear Trouble | () _____ Whooping cough |
| () _____ Narcotic Disorder | () _____ Ulcer | () _____ Bone Disorder |
| () _____ Menstrual Problems requiring drugs. | | |
| () Do you have any physical handicaps: _____ | | (list them) |

Did you have any major/minor surgery recently: _____

Do you take medication regularly? Yes No

If yes, what? _____

Have you ever had any allergic reaction to serum or drugs? Yes No

If yes, explain? _____

Other illnesses: _____

Medical Treatment Within The Past 5 Years

Date	Name and Address of Physician Consulted	Reasons
Family History	YES	NO
Diabetes Mellitus		
Heart Disease		
Epilepsy or Fits		
High Blood Pressure		
Cancer		
Hereditary Disorders		
IMMUNIZATIONS	HAD DISEASE (Approximate Date)	IMMUNIZATION DATE
Rebella-German Measles		
Mumps		
Measles		
Diphtheria		
Tetanus Toxoid		
Polio		

I/We the undersigned, parent (s) of the above named student do hereby authorize any member of staff at Maranatha Academy of my/our agents in case of sudden illness and or stroke or injury to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service which is deemed necessary, and is rendered under the general of special supervision of a licensed Physician, M.D., whether such diagnosis is rendered at the office of said Physicain or at a hospital.

Consent is hereby granted by the undersigned to the school to release all pertinent medical histories and physical findings to the aforementioned physician.

Date: _____ Student: _____

Witness: _____ Father/Guardian: _____

Witness: _____ Mother/Guardian: _____

EVERY ITEM ON THIS SHEET MUST BE COMPLETED BY THE PHYSICIAN

Name: _____
Last Name First Name Middle Initial

Height: _____ Weight: _____

Vision and pupils without glasses: R: _____ L: _____ With glasses: R: _____ L: _____

Hearing and eardrums: R: _____ L: _____

Temperature: _____ P: _____ R: _____

Blood Pressure: _____

Head, Face, Neck, Thyroid, Scalp: _____

Nose: _____ Sinuses: _____

Lungs and Chest, including breast: _____

Heart (thrust, size, rhythm, sounds) _____

Lymphatus: _____ Abdomen: _____

Vascular System: _____ GU Systems: _____

Upper and Lower extremities- (strength) ROM: _____

Spine, other muscular-skeletal: _____

Feet: _____ Skin Fungi: _____ Ringworm: _____

Neurologies, reflexes, coordination: _____

Body marks, scares, tattoos: _____

Psychiatric (personality deviation) _____

General Systemic: _____

Rectal if indicated: _____

Pelvis if indicated: _____

LABORATORY FINDINGS (CURRENT)

Haemoglobin: _____ Urinalysis: _____

DRL: _____ Sickle Cell: _____

Do you consider this student physically and emotionally able to undertake the programme to be pursued?

Are you the applicant's regular physician? Yes No

Is normal class load advised? Yes No

Is there any medical care to be continued while the person is attending school?
