NOVA CLASSICAL ACADEMY™

Physician Form
2022-2023

Kindergarten & 7th Grade

Child's Name: _____ _____
LAST **FIRST**

Child's Birthdate: _____/_____/_____ **Grade:** _____

IMMUNIZATIONS:

*PLEASE INCLUDE A **COPY** OF CHILD'S CURRENT **VACCINATION REPORT**.*

EXAMINATION:

Examination	**N= Normal**	**AB= Abnormal**		**Measurements**	
Eyes		Genito-urinary		Blood pressure	
Ears		Ortho-structural		Height	
Mouth-Teeth		Ortho-posture		Weight	
Nose		Ortho-feet		Hgb/Het	
Throat		Skin		Urine	
Lymph nodes		Nervous system		Lead	
Thyroid		Speech		Vision: R 20/ L 20/ w/glasses Yes No	
Heart		Nutrition		Hearing: R_____ L_____ w/hearing aid Yes No	
Lungs		Abdomen			
Emotional Status		Genito-urinary			

1. Physical activities should be restricted: No_____ Yes_____

2. There is a condition that may result in an emergency: No_____Yes _____

3. There is a condition that may interfere with learning: No_____Yes _____

4. Please list any concerns not listed above, on-going therapy, and current medications the student is taking:
_____
_____
_____

Physician's Signature: _____ Date of the exam: _____/_____/_____

Physician's Name: _____Phone: _____

Clinic Name: _____

Clinic Address: _____

This form may be mailed or faxed directly to:

Nova Classical Academy
1455 Victoria Way St. Paul, MN 55102
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healthoffice@novaclassical.org