

CAROLINA CONFERENCE

SCHOOL ENTRY MEDICAL EXAMINATION

The physician should complete this form on children initially entering Carolina Conference Schools.	
Child's Name	Date of Birth
Parent's/Guardian's Name	Phone #
Address	

I have examined the above named child and obtained a medical history. The following medical findings were noted:

Hearing	
Visual	
Other	
Other	

<input type="checkbox"/>	There were no apparent medical findings which restrict participation in routine school activities.	
The following is a list of medical finds, activities that should be restricted, and length of restriction:		
Medical Findings	Restricted Activities	Restriction End Date

Physician's Signature _____ Date _____

Address _____ Office Phone # _____