

# HIGHLAND ACADEMY

211 Highland Circle Drive  
Portland, TN 37148  
Phone: (615) 325-2036 ~ Fax: (615) 325-4824

## Medical Examination Form

Today's Date:

Student Name

Birthdate

Age

Address

*Street Address*

*City*

*State*

*Zip*

Home Phone #

Father's Name

Mother's Name

Significant Factors

---

---

---

---

### ILLNESSES AND DISEASES (Please check those student has had or has):

Measles  
 Heart Disease  
 Ear Infections  
 Whooping Cough  
 Epilepsy  
 Pneumonia  
 Polio

Convulsions  
 Rheumatic Fever  
 Kidney Infection  
 Scarlet Fever  
 Bladder Infection  
 Diphtheria  
 Hay Fever

Chicken Pox  
 Asthma  
 Diabetes  
 Tuberculosis  
 Congenital Defects:

### LIST ANY OTHER SERIOUS ILLNESS, OPERATIONS, INJURIES, AND WHEN THEY OCCURRED:

---

---

---

---

---

---

---

---

(Over)

**COMMENT ON CONDITION OF:**

Abdomen \_\_\_\_\_  
Ears \_\_\_\_\_  
Extremities \_\_\_\_\_  
Eyes \_\_\_\_\_  
Glands \_\_\_\_\_  
Hearing \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Mouth \_\_\_\_\_  
Nose \_\_\_\_\_  
Skin \_\_\_\_\_  
Throat \_\_\_\_\_  
Vision \_\_\_\_\_  
Other: \_\_\_\_\_

**IMMUNIZATION STATUS: (List Date each was last given:)**

Mumps \_\_\_\_\_  
DPT \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Measles \_\_\_\_\_  
MMR \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_ Results: \_\_\_\_\_

**ARE THERE ANY MEDICAL FINDINGS WHICH WOULD RESTRICT PARTICIPATION IN ROUTINE SCHOOL ACTIVITIES?**

\_\_\_\_\_ No  
\_\_\_\_\_ Yes, as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXAMINING PHYSICIAN**

**Signature** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_