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Rocky Mountain Conference
2520 S. Downing St.
Denver, CO 80210 ~ 303.733.3771

SCHOOL ENTRY MEDICAL EXAMINATION REPORT

Student Name _____ Birth Date _____ School _____

Name of Parent or Guardian _____Phone _____

Address _____ City _____ State _____ Zip _____

HISTORY: Does this child have a history of any of the following? Heart disease, seizure disorder, diabetes, orthopedic defect, allergies including asthma, minimal cerebral dysfunction or any other chronic conditions? If so, please explain.

_____
_____
_____

Does this child have frequent headaches, stomachaches, sore throats or other somatic complaints? Does this child miss much school? Has there been any significant illness, accident, operation, congenital defect or emotional problems?

_____
_____
_____

I have examined the above names student and obtained a medical history. The following medical finding (s) were noted:

Hearing _____

Visual _____

Other _____

_____ There were no apparent medical findings which restrict participation in routine school activities and physical education class.

_____ The following is a list of medical findings, activities that should be restricted, and length of restriction.

Medical Findings	Restricted Activities	Date Restriction Ends

_____ _____ _____
Physician's Name Physician's Signature Date

Address _____ City _____ State _____ Zip _____

Office Phone (___) _____