



Anchorage Christian Nursery and Pre-Elementary School

A Division of Anchorage Christian Schools
6401 East Northern Lights Blvd.
Anchorage, Alaska 99504
Phone: (907) 337-9575 • Fax: (907) 269-3893

CERTIFICATE OF PHYSICAL EXAMINATION:

Child's Name: _____ Birth date: _____
School: _____ Grade: _____
Parent's Name: _____ Phone: _____
Address: _____ Parent Present at Examination: _____

PHYSICAL EXAMINATION

(Required by Alaska Department of Education Rules and Regulations No. 4 AAC 06.400)

- | | |
|-----------------------------------|---------------------------|
| 1. Eye Disease: _____ | Height: _____ |
| 2. Ear Disease: _____ | Weight: _____ |
| 3. Nose and Throat: _____ | Vision: _____ |
| 4. Mouth: _____ | Color Vision: _____ |
| 5. Teeth: _____ | Routine Medication: _____ |
| 6. Lymph Node: _____ | _____ |
| 7. Heart: _____ | _____ |
| 8. Lungs: _____ | _____ |
| 9. Abdomen: _____ | |
| 10. Orthopedic (inc. Gait): _____ | Comments: |
| 11. Genitals: _____ | |
| 12. Nervous System: _____ | |
| 13. Skin: _____ | |
| 14. Nutrition: _____ | |
| 15. Endocrine: _____ | |
| 16. Other: _____ | |
| 17. Positive Findings: _____ | |

0 = No Defect

= Defect Found

= Requires Immediate Attention

Is this child able to participate in usual school activities? ____ Yes ____ No

State any Limitations: _____

IMMUNIZATION RECORD

DPT* _____ HIB* _____
POLIO* _____ VARICELLA* _____
MMR* _____ PPD: DATE _____
HEP A* _____ RESULTS _____
HEP B* _____

***REQUIRED BY ALASKA STATE DEPARTMENT OF EDUCATION RULES & REGULATIONS NO. 4 AAC 06.055**

DATE OF EXAMINATION: _____

SIGNED: _____
Medical Examiner (please print)

SIGNED: _____
Medical Examiner (signature)