

MEDICAL REPORT FOR SCHOOL ENTRY
Lynden Christian School
503 Nooksack Avenue, Lynden, WA 98264

PART I:

(Parts I through IV - To be completed by parent or guardian)

Child's Name _____ Birthdate _____

Address _____ City/State/Zip _____

Parent's Name(s) _____ Phone _____

Physician's Name _____ Phone _____

PART II - Immunization Record:

Please complete the attached Certificate of Immunization Status Form. Washington State requires all immunizations be current and documented on the official state form prior to the first day of attending classes. Please return the form to address above.

PART III - Medication Record:

Does your child have a medical condition that requires regular doses of a prescription medication?
Yes ___ No ___ Medical Condition _____ Medication _____

If your child will need to take medication during school hours, please request the appropriate forms from the school office.

PART IV - Health History:

Does the student have/had:

Diabetes	Yes	No	Allergies	Yes	No
Rheumatic Fever	Yes	No	Asthma	Yes	No
Heart Trouble	Yes	No	Kidney Disorder	Yes	No
Fainting Spells	Yes	No	Seizures	Yes	No
Scoliosis	Yes	No	Speech Difficulties	Yes	No

PART V - Examination Report: (To be completed by physician)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision Check: Right eye _____ Left eye _____ Hearing Check: Right ear _____ Left ear _____

_____ The check-up revealed no conditions of importance to schooling or physical activity.

_____ Conditions found in the check-up or after further evaluation which are of importance to this child's schooling or physical activity are explained on the reverse side of this form.

Physician's signature _____ Date _____

Please return this form to Lynden Christian School at the address above before the student is scheduled to begin classes.