White Stag
Leadership Development Academy Inc.

Medical Examination Record

To be completed by physician after review of health history with parent/guardian.

Revised 1-1-21

_____ _____ _____ ___/___/___

Child's Name: Last First Initial Date of Birth

Health Examination

Height _____ Weight _____

B.P. _____

Vision without glasses With glasses

R 20/_____ L 20/_____ R 20/_____ L 20/_____

Hearing: R: _____ L: _____

N = Normal A=Abnormal

Nose	N	A	Throat	N	A
Teeth	N	A	Heart	N	A
Lungs	N	A	Abdomen	N	A
Genitalia	N	A	Hernia	N	A
Skin	N	A	Musculoskeletal	N	A
HGB	N	A	Urinalysis	N	A

TB Skin test (if available) ☐ Neg. ☐ Pos. Date ___/___/___

Immunization Record

Attach vaccine record or check all that are current with date:

Yes	No	Had Disease	Immunizations	Dates
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	

Allergies / Severe Sensitives:

_____

General Assessment: The patient is physically able and approved to participate in a strenuous week-long, outdoors activity, which may include hiking, running, and/or swimming. Exceptions and notes below. Please note developmental differences our staff should be aware of.

_____

_____

_____

X_____

Physician's Signature Date

_____(___)_____

Physician's name (print or use stamp in space provided) Phone

_____

Street Address City State Zip

Physician Office Stamp Here

Parents:

To avoid late fees, this form must be uploaded to your registration account by June 1st for the June session or July 1st for the July session.