



INTERMOUNTAIN
ADVENTIST
 ACADEMY
 Grand Junction Colorado

1704 N. 8th Street
 Grand Junction, CO 81501
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Where Character and Intellect Walk Hand in Hand.

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 Number _____

Address _____ City _____ State _____ Zip _____

HISTORY: Does this child have a history or 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?



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I have examined the above named 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 restrictions.

Medical Findings	Restricted Activities	Date Restriction Ends

Physician's Name

Physician's Signature

Date

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____