

I, _____
Physician's Name (Please print)

have examined _____
Applicant's Name

and find he/she is physically and emotionally fit to attend a residential high school and to participate in all its normal activities, except as explained on this form.

Date: _____

Signature of Physician _____

Address: _____

Phone: _____



Lutheran Collegiate Bible Institute

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Phone: 306-867-8971 Fax: 306-867-9947

Email: public_relations@lcbi.sk.ca

Web site: www.lcbi.sk.ca

Medical Form

(To be completed by Family Physician)

Name of student _____

Date of examination _____

Health card number _____ Province _____

Other medical services plan (include number): _____

HISTORY

List any serious illnesses and recovery.

List any surgical operations with date and nature.

List any allergies to food, medication or other substances.

To be completed by parent(s) or guardian(s)

I hereby grant permission to have medical treatment or surgery performed in case of an emergency if ever the doctor should deem it necessary.

Signature of Parent or Guardian

Date

Check those that apply to patient and explain treatment taken.

- Headache _____
- Backache _____
- Throat disorders _____
- Digestive disorders _____
- Ovarian or uterine disorders _____
- Injuries _____
- Alcohol abuse _____
- Drug abuse _____
- Previous counselling. Please explain: _____

Specialists previously seen: _____

Has the applicant or immediate family member suffered from any of the following:

- Rheumatism _____
- Tuberculosis _____
- Epilepsy _____
- Anxiety/Depression _____
- Nervousness _____
- Cardiac Disease _____
- Cancer _____
- Asthma/Respiratory Disorders _____
- Any DSM IV mental health diagnosis _____

EXAMINATION

Respiratory system: _____

BP: _____ Pulse: _____

Chest: _____

Cardiovascular: _____

Abdomen: _____

E.N.T. : _____

Mental Health: _____

Physical Deformity: _____

Date of last eye exam: _____

Date of last ear/audiology exam: _____

IMPRESSION

Medications required with dosage:

Special diet required? _____

Any medical reason to be excused from Phys. Ed.? _____

Immunization record, filled out and signed. (Please attach)

Comments _____

