

**ASUNCION CHRISTIAN ACADEMY**

Av. Santísimo Sacramento 1180  
 Asunción, Paraguay  
 Tel: 011-595-21-604-378  
 academicsec@aca.edu.py



FE012E

**STUDENT PHYSICAL EXAMINATION**

Student's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_ Phones: \_\_\_\_\_

**A. PHYSICAL EXAMINATION**

Check each line with an X

Examined Area	Normal	Abnormal or Needs Follow-up	Not Done	Comments
Skin / Scalp				
Nutrition				
Neurological				
Orthopedic – Spine & Limbs				
Eyes				
Visual Acuity				
Ears				
Auditory Acuity				
Speech				
Nose, Throat, Mouth				
Teeth and Gums				
Allergies				

**B. GENERAL HEALTH**

Check each line with an X

Condition	NO	YES	Comments
Emotional/Mental/Behavior Problem			
Physical Handicap – Limit Activity			
Restriction Needed (specify degree – duration)			
Diabetes			
Asthma			
Medication			
Other Health problems (specify)			

**C. MEDICAL CERTIFICATION**

I certify that \_\_\_\_\_ has received a physical examination and in my opinion, he/she may be admitted at Asuncion Christian Academy. YES  NO

**D. IMMUNIZATION RECORD**

Type Vaccine	Date	Date	Date	Date	Type Vaccine	Date	Date	Date	Date
DPT					MMR				
DT / Tetanus					Other				
Polio (Trivalent)					Other				

Examining Physician - Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephones: \_\_\_\_\_