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**Carolina Conference
School Entry Medical Examination
2019-2020**

The physician should complete this form on children initially entering the Carolina Conference Schools.

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

Address: _____

I have examined the above named child and obtained a medical history. The following medical findings were noted:

Hearing: _____

Visual: _____

Other: _____

There were no apparent medical findings, which restrict participation in routine school activities.

Check here:

Medical Findings	Restricted Activities	Restricted End Date

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____