



**CROSSROADS
COLLEGE PREPARATORY
SCHOOL**

500 DEBALIVIERE AVENUE
ST. LOUIS, MISSOURI 63112
TEL 314.367.8085 FAX 314.367.9711
WWW.CROSSROADSCOLLEGEPREP.ORG

Name _____

Date of Birth _____

IMMUNIZATIONS: See Attached Record

HISTORY:

Medications:

Allergies:

Chronic Medical Problems:

PHYSICAL EXAMINATION: _____

Date of Exam

Height _____ Weight _____

Heart _____ Blood Pressure _____

Eyes _____

Lungs _____ Respirations _____

Ears _____

Orthopedic _____

Teeth/Gums _____

Abdominal _____

Nasal Passages _____

Genitalia _____

Throat _____

Others (Specify) _____

Skin/Scalp _____

Fit for all physical activities Yes No

Mental _____

Restrictions _____

_____ M.D.
Signature of Examining Physician

Physician name, address, and phone

Date