NOCCA

Physician's Report

The Physician's Report must be submitted each year by students in the following disciplines only:

Academic Studio, Dance, Drama, Musical Theatre, and Theatre Design.

The Health Services Department must have this form on file before any student in these arts disciplines will be allowed to participate in class. Failure to complete and return this form may impact the student's enrollment at NOCCA. A licensed physician or surgeon, a qualified physician's assistant, or an advanced registered nurse practitioner must sign the Physician's Report. The information contained on this form is strictly for the use of NOCCA's Student Services and Health Services Departments and will not be released without parental consent.

Student Name:			Date of Birth:		
Height	Weight	Temperature	Pulse	Resp	
Blood Pressure		sure Vision	Vision R 20/ L 20/		
Γ	Normal	Comme	nts about Abnormal Finding	l Findings	
Hair and Scalp					
Skin					
Eyes/Vision					
Ears/Hearing					
Nose and Throat					
Mouth and Teeth					
Lymph Nodes					
Thyroid					
Heart					
Chest and Lungs					
Abdomen					
Genitourinary					
Musculoskeletal					
Neurological					
		d participate in the challeng		ffered at NOCCA?	
Licensed Professional's Name (Print)			Date of Examination		
 Licensed Profession	al's Signature		 Phone Number		