Physical Examination: Physician Use Only
Required for all new students and those entering grades 2, 4, 7 & 10

Student's Name: ______________________
Grade: ______________________
Date of Birth: ______________________

List **all** allergies: (food, medication, etc.) ______________________

Describe allergic reaction (rash, shortness of breath, etc.) ______________________
Does this patient have any medical illnesses (Y/N list) ______________________

Physical Examination/Clearances: Please complete all questions

Height: __________ Weight: __________ BMI: __________
BP: __________ U/A: Albumin: __________ Sugar: __________

Vision:
☐ Normal Screen Rt: ______ Lt: ______ Corrected: ______ Contacts: ☐ Yes ☐ No

Hearing:
☐ Normal Screen

Scoliosis: All students between 8 and 16 years old
☐ Negative ☐ Positive Comments: ______________________

Tuberculosis:
☐ No risk factors, Mantoux not indicated Mantoux results: ______________________

Physical Education Class:
☐ May participate in all normal activities
☐ Restrictions: ______________________

Interscholastic Sports: **Students in grades 7-12.** Please mark all categories the student is approved for. An unmarked category indicates disqualification for the particular group indicated
☐ Contact/Collision (Soccer)
☐ Limited Contact/Impact (Baseball, Volleyball, Basketball)
☐ Strenuous Non-contact (Tennis, Cross Country, Track)
☐ Non-strenuous Non-contact (Golf)
☐ Other: ______________________

Physical Exam:
☐ All findings within normal limits
☐ Abnormalities noted: ______________________
☐ Implanted devices: ______________________
Miscellaneous: ______________________

***Immunizations: Please attach current record with physician's signature.**

List any other tests and results given at this time:
__________ __________ __________

Medications presently taking: ______________________
____
Recommendations to parent and school: ______________________
____

____
Physician's Signature

____
Date of Exam

____
(Please Print) Physician's Name

____
Physician's Address