Physical Examination: Physician Use Only
Required for all new students and those entering grades 1, 3, 7, and every other year of high school beginning with year 2.

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