



# PHYSICAL EXAMINATION

GRADE \_\_\_\_\_

All students must have a current health/physical examination by a qualified physician within six months prior to the entrance of a child into grades 1,3,5,7. This form must be on file in the school office prior to the first day of school.

In the case of transfer students – a physical examination within thirty days will be required upon admission.

### TO BE COMPLETED BY PARENT OR GUARDIAN

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sports \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Injuries \_\_\_\_\_  
 Surgeries \_\_\_\_\_ Allergies \_\_\_\_\_  
 Glasses or Contacts \_\_\_\_\_ Oral Plates or Braces \_\_\_\_\_ Absent teeth \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Weight \_\_\_\_\_ Pulse \_\_\_\_\_

Nutrition / General Appearance / Emotional Adjustment \_\_\_\_\_  
 \_\_\_\_\_

Explain any abnormalities in Limitations section below

|                         | N | Ab | NE |
|-------------------------|---|----|----|
| <b>Head and Neuro</b>   |   |    |    |
| Skin                    |   |    |    |
| Cranial NS              |   |    |    |
| <b>Eyes</b>             |   |    |    |
| Pupils                  |   |    |    |
| EOMs                    |   |    |    |
| Fundus                  |   |    |    |
| Vision                  |   |    |    |
| <b>Ears</b>             |   |    |    |
| Canal                   |   |    |    |
| Tympanic Membrane       |   |    |    |
| Hearing                 |   |    |    |
| <b>Nose</b>             |   |    |    |
| <b>Mouth and Throat</b> |   |    |    |
| Caries                  |   |    |    |
| Pharynx                 |   |    |    |
| <b>Neck</b>             |   |    |    |
| Pulses                  |   |    |    |
| Thyroid                 |   |    |    |
| Nodes                   |   |    |    |

|                   | N | Ab | NE |
|-------------------|---|----|----|
| <b>Lungs</b>      |   |    |    |
| Breath Sounds     |   |    |    |
| <b>Heart</b>      |   |    |    |
| Rhythm            |   |    |    |
| Murmur            |   |    |    |
| <b>Abdomen</b>    |   |    |    |
| Liver / Spleen    |   |    |    |
| Masses            |   |    |    |
| Hernia            |   |    |    |
| <b>Genitalia</b>  |   |    |    |
| Masses            |   |    |    |
| Discharge         |   |    |    |
| <b>Orthopedic</b> |   |    |    |
| Neck              |   |    |    |
| T/L/S             |   |    |    |
| Shoulders         |   |    |    |
| Elbows            |   |    |    |
| Wrists            |   |    |    |
| Ankles            |   |    |    |
| Knees             |   |    |    |

N=Normal, Ab=Abnormal, NE=Not Examined

Limitations / Special Conditions / Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_