

**PHYSICAL EXAM**  
**TO BE COMPLETED BY THE FAMILY PHYSICIAN**  
**AND RETURNED TO THE SCHOOL NURSE BY JUNE, 2017**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
SEX \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
EPI PEN: \_\_\_\_\_ YES \_\_\_\_\_ NO

**RECORDS OF PHYSICAL EXAMINATIONS:**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_

VISION EXAM RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ VISION REFERRAL Y \_\_\_\_\_ N \_\_\_\_\_

GENERAL CONDITION OF THE STUDENT \_\_\_\_\_

SKIN/SCALP \_\_\_\_\_ ABDOMEN \_\_\_\_\_

NOSE/THROAT \_\_\_\_\_ HERNIA \_\_\_\_\_

LUNGS \_\_\_\_\_ GENITALS \_\_\_\_\_

HEART \_\_\_\_\_ BRAIN \_\_\_\_\_

MUSCULAR \_\_\_\_\_ SKELETAL \_\_\_\_\_

PLEASE EXPLAIN ANY IRREGULARITIES \_\_\_\_\_

SCOLIOSIS: YES NO HISTORY OF A POSITIVE PPD: YES NO  
ASTHMA: YES NO DIABETES: YES NO SEIZURES: YES NO  
ANY TREATMENT NECESSARY \_\_\_\_\_

ANY OTHER HEALTH PROBLEMS \_\_\_\_\_

ANY MEDICATIONS THE STUDENT TAKES ON A REGULAR BASIS \_\_\_\_\_

ARE THERE ANY HEALTH PROBLEMS WHICH MAY EFFECT THE  
EDUCATIONAL MANAGEMENT OF THE STUDENT? YES NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

IN YOUR OPINION, IS THE STUDENT CAPABLE OF CARRYING A FULL  
PROGRAM IN PHYSICAL EDUCATION AND SPORTS? YES NO  
IF NO, PLEASE EXPLAIN \_\_\_\_\_

**ATTENTION PHYSICIAN: PLEASE ATTACH AN UPDATED IMMUNIZATION RECORD**

**SIGNATURE OF**  
**PHYSICIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHYSICIAN OFFICE STAMP -**