



Physical Examination (To be completed by physician)

**Student Name:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

*All new incoming students are required to submit the Physician's Exam Form. Returning students are required to submit a new form at the time of their next physical examination. Parents should talk with their doctor about the frequency of physical exams for their children. Students participating in extracurricular sports will be required to have an annual physical.*

I. Immunizations

Complete immunization history must be given. Please indicate month and year of immunization.

DTAP/DTP					
HEP B					
HIB					
Measles					
Mumps					
Poliomyelitis (OPV)					
Rubella					
TB Skin Test					
TD					
Varivax					
History of Chicken Pox	Yes	No			

II. Examination

Check (✓) if normal; explain if not normal.

___ Abdomen	___ Height	___ Psychiatric
___ Blood Pressure	___ Hernia	___ Pulse Rate
___ Ears	___ Lungs	___ Skin & Scalp
___ Extremities	___ Menstrual	___ Teeth
___ Eyes	___ Neck	___ Thyroid
___ Genitalia	___ Neurological	___ Tonsils
___ Head	___ Pharynx	___ Urinalysis
___ Heart	___ Physical handicap	___ Weight

III. Significant facts and physician's notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Can the student participate in athletics?

\_\_\_ Yes \_\_\_ Moderately \_\_\_ Limited \_\_\_ No

V. I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Nurse or Physician's Assistant

\_\_\_\_\_  
Signature of Physician