



Physical Examination Form-Grades 1,3,and 6 thru 12

***To be completed by a licensed health care provider by July 31.**

Date of exam(must be within the past 12 months)_____

Student's Name _____ DOB _____ Grade in September _____

Sex _____ Weight _____ Height _____ Pulse _____ BP _____

1- Please attach Immunization Record for all NEW students, students in grades 1st, 3rd and 6th.

2-Allergies(food,medication,environmental)_____

Describe reaction:_____

Is this student prescribed an Epi-pen, Auvi-Q and/or inhaler?_____

3- Entire physical examination within normal limits: _____ Yes _____ No

If no please list significant findings:_____

4-Significant Past Medical History:_____

5-Current Medications:_____

6-Scoliosis screening: _____ Pass _____ Fail Follow-up_____

7-Vision Test: _____ Pass _____ Fail Follow-up_____

8-Hearing Test: _____ Pass _____ Fail Follow-up_____

*** The above named student is cleared for all sports and physical activities, both intramural and inter-scholastic, during the school year_____. (REQUIRED)**

Print name of examining health care provider _____

Address/phone_____

Signature of examining health care provider_____