

GILMAN

ANNUAL PHYSICAL EXAM FORM

GILMAN SCHOOL
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Student Name _____ Date of Birth _____

To be completed by a healthcare practitioner only. (May not be completed by a parent, guardian, or relative.)

The student named above has had a complete physical on: _____ / _____ / _____
MONTH DATE YEAR

SCREENING RESULTS

Height _____ Weight _____ Blood Pressure _____ Pulse _____ BMI percentile _____

TB Screening: Low Risk Medium to High Risk *If Medium to High Risk, specify test and results:* _____

Note: All international students must be tested for TB yearly and provide documentation to the Health Center.

IMMUNIZATIONS

Is the student up to date with age-appropriate vaccination requirements of the State of Maryland? Yes No

Exemptions: _____

Tdap Date (for students grades 7-12): _____ MCV Date (for students grades 7-12): _____

CURRENT MEDICAL DIAGNOSES *All forms available on Magnus Health via Gilman Parent Portal*

Asthma

Inhaler needed at school? Yes No *(If yes, please complete Maryland Medication Administration form yearly)*

Known Allergies (food, insect sting, medication)

Specify: _____

Epinephrine auto-injector needed at school? Yes No *(If yes, please complete the appropriate Allergy Action Plan yearly)*

Diabetes Yes No *(If yes, please complete the Maryland State Management of Diabetes in School form yearly)*

Seizure Disorder Yes No *(If yes, please complete the Seizure Management form yearly)*

Other _____

REVIEW OF SYSTEMS AND PHYSICAL EXAM

Normal Abnormalities (specify) _____

PARTICIPATION IN SCHOOL ACTIVITIES, ATHLETICS AND PHYSICAL EDUCATION

This student may participate fully in all school activities, competitive sports and/or physical education.

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Healthcare Provider Signature

Date

Practice Stamp