

Physical Examination Form

Please upload completed form directly into Magnus Health.

Log into the PowerSchool Parent Portal and click on the box with the arrow icon.

Questions? Please contact Christine Folan at cfolan@mercyhsb.com

Full Name					Date of Birth		
Organization							
Height		BP		Vision Left	20/	Hearing Right	
Weight		Pulse		Vision Right	20/	Hearing Left	
Skin		BMI%		Contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- | | | | | | |
|---|--------------------------|---|-----------------|---|---------------------|
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Eyes, Ears, Nose, Throat | <input type="checkbox"/> NL <input type="checkbox"/> AB | Musculoskeletal | <input type="checkbox"/> NL <input type="checkbox"/> AB | Shoulder |
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Lungs | <input type="checkbox"/> NL <input type="checkbox"/> AB | Genitalia | <input type="checkbox"/> NL <input type="checkbox"/> AB | Hip |
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Neurological | <input type="checkbox"/> NL <input type="checkbox"/> AB | Neck | <input type="checkbox"/> NL <input type="checkbox"/> AB | Knee |
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Heart | <input type="checkbox"/> NL <input type="checkbox"/> AB | Elbow | <input type="checkbox"/> NL <input type="checkbox"/> AB | Ankle / Foot |
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Abdomen | <input type="checkbox"/> NL <input type="checkbox"/> AB | Wrist / Hand | <input type="checkbox"/> NL <input type="checkbox"/> AB | Thoracic/Lumber |
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Skin | <input type="checkbox"/> NL <input type="checkbox"/> AB | Back | <input type="checkbox"/> NL <input type="checkbox"/> AB | General Flexibility |
| <input type="checkbox"/> NL <input type="checkbox"/> AB | Cervical | | | | |

Describe Abnormals, Recommendations: _____

ALL INCOMING FRESHMAN / TRANSFER STUDENTS MUST COMPLETE BELOW

A Tuberculin Skin Test is required for students new to a school in California. Students who have never attended a school in the state must have written evidence of a Tuberculin Skin Test within 1 year prior to entering High School.

Vaccine	DATE EACH DOSE WAS GIVEN			
	First	Second	Third	Fourth
DtaP/DTP/DT/Td				
POLIO (OPV or IPV)				
HEPATITIS B				
MMR				
VARICELLA (Chickenpox)				
Tdap Boost				

Tuberculin Skin Test

Test Needed: YES NO

Date: _____ Type: _____

Induration: ____ mm

Impression: Negative Positive

Chest X-ray required if TB test positive

Date: _____

Impression: Negative Positive

- Cleared for all sports no restrictions
- Not cleared for any sports
- Not cleared for certain sports
- Not cleared pending further evaluation

Recommendation: _____

Doctor's Office Officials Stamp

** Not valid without stamp **

201501161359-MHSB

Date of physical _____ **(Not accepted without)**

Name of physician _____

Address _____

Phone _____

Signature of physician _____