

**THE KINKAID SCHOOL**

**Annual Physical Form**

New students are expected to submit a physical by June 1 prior to starting at Kinkaid.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Hearing and Vision Screening- REQUIRED FOR ALL NEW STUDENTS**

<b>Vision</b>	Right eye: 20/	Left eye: 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Hearing</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Right				
Left				

Physical Assessment	Normal	Abnormal Findings
Eyes/ears/nose/throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen/GU		
Neurologic/Skeletal		
Acanthosis (Grades 1,3,5,7)	Negative	Positive
Scoliosis <b>Female:</b> age 10 AND 12 or Fall of grade 5 AND Fall of grade 7 <b>Male:</b> age 13 or 14, or Fall of grade 8	Negative	Positive
Musculoskeletal (Grades 6-12)		
Neck		
Back		
Shoulder/arm/elbow		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle/foot		
Marfan Stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)		
Allergies (life threatening/seasonal)		
Additional Findings		
Has the student ever been diagnosed with COVID-19?		Date of COVID-19 Diagnosis: Complications, if any:

- Cleared to participate in PE/Athletics/Performing Arts
- Not Cleared for PE/Athletics/Performing Arts Reason: \_\_\_\_\_
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- Recommendations: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

Name of Physician(print/type) \_\_\_\_\_ Phone \_\_\_\_\_

**Annual physicals are due one year from the date of the previous physical**

**Parents are responsible for uploading all forms into the Magnus Health Portal via the Kinkaid website**