



# THE POTOMAC SCHOOL

1301 Potomac School Road  
McLean, VA 22101

## PHYSICAL EXAMINATION FOR RETURNING STUDENTS ONLY To be completed by a physician

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Grade 2022-23 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_

Date of most recent Tdap \_\_\_\_\_ TB Screening: \_\_\_\_\_ No risk for TB infection identified or \_\_\_\_\_ At risk

Vision (w/o glasses) R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ (with glasses) R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

### Allergies to:

- Food (nuts, eggs, dairy, fish/shellfish, wheat, soy) Please specify - \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Latex \_\_\_\_\_
- Seasonal \_\_\_\_\_
- Medication \_\_\_\_\_
- Other \_\_\_\_\_

Current ongoing medical problems (asthma, diabetes, seizure disorder, heart) Please specify –

Could this student require emergency action while at school? YES or NO If yes, please describe –

	SYSTEMS EXAMINED	COMMENTS
APPEARANCE, NUTRITION, SKIN		
EARS, NOSE, THROAT, EYES		
HEART, LUNGS/LYMPH NODES		
ABDOMEN		
SPINE (SCOLIOSIS)		
NEUROLOGIC		
BONES, MUSCLES, JOINTS		
GROSS AND FINE MOTOR		

Any limitation of physical activities? YES or NO If yes, please describe –

Is student CLEARED to participate FULLY with no restrictions to academics, athletics or extracurriculars? YES or NO

**Please attach current updated immunization record.**

SIGNED \_\_\_\_\_  
Examining Physician

DATE \_\_\_\_\_