

# APPROVED PHYSICAL EXAMINATION FORM FOR EL PASO COUNTY

The schools strongly recommend health examinations in kindergarten or first grade, and in the fourth, seventh, and tenth grades, plus students new to the schools, and those with health problems in any other grade.

To be used by physicians for schools, nurseries, day and childcare, campgrounds, and other activities. In order for the child's school or special program to be adjusted to his/her physical condition, it is necessary for the school or program to have a report of his/her health examination.

El Paso County Department of Health and Environment

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**TO BE COMPLETED BY PARENT:**

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_

School or Activity \_\_\_\_\_ Grade \_\_\_\_\_

Athlete's Address \_\_\_\_\_ MALE / FEMALE

Parent's Name \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN:**

**Physical Findings:**

Blood Pressure \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Vision R \_\_\_\_\_ L \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Skin \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Glands \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_

Genitalia \_\_\_\_\_

Back/Scoliosis Check \_\_\_\_\_

Other \_\_\_\_\_

Significant illnesses, accidents, allergies, operations, congenital, family history, etc.

Are you aware of any need to screen for learning disabilities?

Specific medical recommendations:

Cleared for sports: YES NO

\_\_\_\_\_  
(Physician Stamp)

\_\_\_\_\_  
Clinic name (building, hospital, etc)

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Examination

