



THS Physical Assessment Form 2023-2024

Name _____ Date of Birth _____ Grade _____

**PHYSICIAN CLEARANCE IS REQUIRED FOR PARTICIPATION IN ALL ACTIVITIES
AND SPORTS AT ALL GRADE LEVELS ANNUALLY**

Cleared for full participation

Cleared with restrictions: _____

May not participate (reason): _____

Physician Signature: _____ Date: _____	Office Stamp
---	--------------

To be completed by the Physician:

Date of Exam: _____

Height: _____ inches

Scoliosis Screening: Pass Fail

Weight: _____ lbs.

Hearing Test: Pass Fail

BP: _____ / _____

Vision Test: Pass Fail

Allergies: _____

Epinephrine is prescribed for anaphylactic reaction and must be available at school*.

History of anaphylaxis: Yes No

History of Asthma: Yes No

Medications taken on a regular basis: _____

Medications required at school*: _____

*Please complete the form "**Physician Order for Prescription Medication in School**"

Current Health Problems: (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD-Inattentive | <input type="checkbox"/> Depression | <input type="checkbox"/> Musculoskeletal problem |
| <input type="checkbox"/> ADHD-Hyperactive | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Neurological problem |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory problem |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastrointestinal problem | <input type="checkbox"/> Seizures or convulsions |
| <input type="checkbox"/> Athletic injury | <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Skin problem |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Headaches | <input type="checkbox"/> Speech problem |
| <input type="checkbox"/> Cardiac problem | <input type="checkbox"/> History of Fainting | <input type="checkbox"/> Surgical history |
| <input type="checkbox"/> Concussion Date _____ | <input type="checkbox"/> Liver or Kidney problem | <input type="checkbox"/> Vision problem |
| | <input type="checkbox"/> Migraines | <input type="checkbox"/> Other |

Additional details of health problems you have checked as needed _____

This student is current with all recommended immunizations. Yes No

Please upload current record to your Magnus account in the IMMUNIZATION RECORD section.

