



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 2023-24 _____

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 _____