



## Physical Examination Form

Ann & Nate Levine Academy requires a physical examination of all PreK, Grades 5-8, and **NEW** students, and Health Screenings\* for all students in the grades listed below. The physical examination form is to be signed and dated by the physician anytime between January 1 and prior to the start of the next school year. **CURRENT IMMUNIZATION RECORD MUST BE ON FILE.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade in Fall '23 \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Gender M / F (Please circle one)

**PHYSICAL EXAMINATION: To be completed by Physician**

**\* Vision and Hearing Screenings are required for all: Threes, PreK, Kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> & 7<sup>th</sup> Graders, and All NEW Students.**

	Vision Screening		Hearing Screening			
	Right	Left	Hearing @ 25 dB	1k	2k	4k
Uncorrected	20 / ___	20 / ___	Right	___	___	___
Glasses	20 / ___	20 / ___	Left	___	___	___
Contacts	20 / ___	20 / ___				

**\* Scoliosis Screening for 5<sup>th</sup> & 7<sup>th</sup> Grade Girls and 8<sup>th</sup> Grade Boys ONLY.**

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
SKIN	<input type="checkbox"/>	<input type="checkbox"/>	HEART	<input type="checkbox"/>	<input type="checkbox"/>	JOINT FUNCTION	<input type="checkbox"/>	<input type="checkbox"/>
HEAD	<input type="checkbox"/>	<input type="checkbox"/>	ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	SPINE	<input type="checkbox"/>	<input type="checkbox"/>
EENT	<input type="checkbox"/>	<input type="checkbox"/>	GENITALIA	<input type="checkbox"/>	<input type="checkbox"/>	NECK	<input type="checkbox"/>	<input type="checkbox"/>
MOUTH	<input type="checkbox"/>	<input type="checkbox"/>	UPPER EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	ACANTHOSIS NIGRICANS	<input type="checkbox"/>	<input type="checkbox"/>
LUNGS, CHEST	<input type="checkbox"/>	<input type="checkbox"/>	LOWER EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	<b>SCOLIOSIS SCREENING</b>	PASS	FAIL

Explain any abnormalities: \_\_\_\_\_

I certify that my examination of the above student has revealed that he/she is physically able/unable to participate in the following activities: physical education, overnight trips and athletics.

(If student is unable to participate) No Participation Until (set date) \_\_\_ / \_\_\_ / \_\_\_

**Health Information:** Please list any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc., and any limitations of school activities and/or athletics due to health or emotional conditions.

Explanation: \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_ Printed Name of Physician \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Physician Office Address \_\_\_\_\_ Telephone \_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_