



Physical Examination Record | Early Childhood, Lower, Middle, and Upper School

(Must be completed by a Healthcare Professional MD/DO/ARNP/PA/DC)

Child's Name _____ Birthdate _____ Age _____

Name of Parent(s)/Guardian _____

Home Address _____

Gender _____ Height _____ Weight _____ Blood Pressure _____ Pulse _____

Parent should upload a copy of the student's most up-to-date immunizations to Magnus Health

List any diagnosed health concerns (asthma, allergies, diabetes, chronic illness, seizures, etc.):

Has the child ever had a severe allergic reaction to anything (peanuts, tree nuts, bee stings, etc.)? If yes, please explain the type of reaction and whether the child needs to have an epinephrine injection at school.

List any current prescribed medications and dosages:

List any past hospitalizations, surgeries, or injuries:

Please outline any family medical history that might be important for the school to know:

List any speech/language or motor development concerns that you or the parent has:

Hearing Screening: Left Ear | 500 – 1000 – 2000 – 4000 Right Ear | 500 – 1000 – 2000 – 4000

History of: Ear Infections _____ Hearing Loss _____ Fluid in Ears _____

Vision Screening: Left 20/____ Right 20/____ Both 20/____ Glasses ____ Contacts ____ Color Vision ____

Please check off if abnormal and comment:

___ Skin _____

___ Eyes _____

___ Ears _____

___ Mouth & Dental _____

___ Lymphatics _____

___ Abdomen _____

___ Heart & Chest _____

___ Respiratory _____

___ Musculoskeletal _____

___ Other _____

Any significant findings and physician's recommendations to family and school staff:

Recommendations for Physical Education: _____ Full Program _____ Restricted (Please Explain)

Date: _____

Signature of Healthcare Professional: _____