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)*

PHYSICIAL EXAMINATION: To be completed by Physician

***Vision and Hearing Screenings are required for all: age 4, PreK, Kindergarten, 1st, 3rd, 5th & 7th 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 5th & 7th Grade Girls and 8th Grade Boys ONLY.

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin	☐	☐	Heart	☐	☐	Joint Function	☐	☐
Head	☐	☐	Abdomen	☐	☐	Spine	☐	☐
EENT	☐	☐	Genitalia	☐	☐	Neck	☐	☐
Mouth	☐	☐	Upper Extremities	☐	☐	Acanthosis Nigricans	☐	☐
Lungs, Chest	☐	☐	Lower Extremities	☐	☐	Scoliosis Screening	PASS	FAIL

Explain any abnormalities: ____

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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: ____

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Signature of Physician ____________________ Printed Name of Physician ____________________ Date ____ / ____ / ____

Physician Office Address ______________________________________ Telephone _ (____) _____ - ____

Email form to forms@levineacademy.org or fax to (972) 248-0695.