



Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**#4 Current list of medical/psychological diagnoses**

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**#5 Physical Assessment and Findings**

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS/RECOMMENDATIONS/REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: (            ) inches				
Weight: (            ) pounds				
BMI: (            ) raw score				
BMI-for-Age Percentile: (            )%				
Pulse: (            )				
Blood Pressure: (        /        )				
Head/Hair/Scalp				
Skin				
Eyes/Vision            Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other:				

**#6 Medical Conditions or Chronic Diseases**

Medical conditions or chronic diseases which require medication, restriction of activity or which may effect education

#6 Medical Conditions or Chronic Diseases Medical conditions or chronic diseases which require medication, restriction of activity or which may effect education
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Physical exam performed at: Personal Health Care Provider's Office  School  Exam Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_ MD  DO  PAC  CRNP

Print Examiner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of examination: \_\_\_\_\_ Fax Number: \_\_\_\_\_