THS Physical Assessment Form
2025-2026

Name_____ **Date of Birth**_____ **Grade** ___

PHYSICIAN CLEARANCE IS REQUIRED FOR PARTICIPATION IN ALL ACTIVITIES AND SPORTS AT ALL GRADE LEVELS ANNUALLY

☐ **Cleared for full participation**

☐ **Cleared with restrictions:** _____

☐ **May not participate (reason):** _____

Physician Signature: Date:	Office Stamp

To be completed by the Physician:

Date of Exam: _____

Height: _____ inches
Weight: _____ lbs.
BP: ____/____

Scoliosis Screening: ☐ Pass ☐ Fail
Hearing Test: ☐ Pass ☐ Fail
Vision Test: ☐ Pass ☐ Fail

Allergies: _____

☐ Epinephrine is prescribed for anaphylactic reaction and must be available at school*.

History of anaphylaxis: ☐ Yes ☐ No

History of Asthma: ☐ Yes ☐ No

Medications taken on a regular basis: _____

Medications required at school*: _____

*Please complete the form **"Physician Order for Prescription Medication in School"**

Current Health Problems: (please check all that apply)

☐ ADHD-Inattentive ADHD-Hyperactive	☐ Depression	☐ Musculoskeletal problem
☐ Anxiety	☐ Developmental delay	☐ Neurological problem
☐ Asthma	☐ Diabetes	☐ Respiratory problem
☐ Athletic injury	☐ Gastrointestinal problem	☐ Seizures or convulsions
☐ Bleeding disorder	☐ Hearing problem	☐ Skin problem
☐ Cardiac problem	☐ Headaches	☐ Speech problem
☐ Concussion Date _____	☐ History of Fainting	☐ Surgical history
	☐ Liver or Kidney problem	☐ Vision problem
	☐ Migraines	☐ Other

Additional details of health problems you have checked as needed _____

_____

This student is current with all recommended immunizations. ☐ Yes ☐ No

Please upload current record to your Magnus account in the IMMUNIZATION RECORD section.