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The Fletcher School

2026-2027 PHYSICAL EXAMINATION AND HEALTH HISTORY

A Physical Examination/Health History form is required for ALL NEW STUDENTS and SIXTH GRADERS at the start of school, as well as ANNUALLY for all ATHLETES (Grades 6-12) prior to the first day of practice and/or tryouts.

PART 1: PHYSICAL EXAMINATION *(to be completed by a MD, PA, FNP, PNP)*

STUDENT NAME _____ **D.O.B.** ___/___/_____ **Grade**_____

Gender _____ **Weight** _____ **Height** _____ **Blood Pressure** _____ **Heart Rate** _____

Glasses/Contacts _____ **Extremities** _____
ENT _____ **Posture (spine)** _____
Teeth _____ **Renal** _____
Heart _____ **Abdomen** _____
Lungs _____ **Skin** _____
Neurological _____ **Musculoskeletal** _____
Allergies _____
Dietary Restrictions_____
Additional Comments _____

PHYSICAL ACTIVITY *(Please provide an explanation, if necessary.)*

_____ **Full participation including competitive sports**_____
_____ **Restricted participation** ***(note restriction)*** _____
_____ **No participation** ***(provide details)*** _____

_____ ___-___-_____ ___/___/_____
Physician's Signature **Phone Number** **Date of Exam**

_____ ___-___-_____
PRINT Physician's Name **Fax Number**

PART 2: HEALTH HISTORY *(to be completed by the parent/guardian)*

HISTORY OF: *(IF YOU ANSWER "YES," PLEASE EXPLAIN IN THE SPACE BELOW.)*

1. **Heart murmur, blood pressure, or any heart abnormality** **yes** _____ **no** _____
2. **Fractures or other disabling injury** **yes** _____ **no** _____
3. **Birth deformities** ***(i.e., one kidney, one eye, etc.)*** **yes** _____ **no** _____
4. **Any medical conditions requiring treatment** ***(past & present)*** **yes** _____ **no** _____
5. **Asthma, hay fever, coughing spells after exercise** **yes** _____ **no** _____
6. **Heat stroke, heat exhaustion, or other heat related illness** **yes** _____ **no** _____
7. **Concussions/loss of consciousness** **yes** _____ **no** _____
8. **Seizures or other neurological disorders** **yes** _____ **no** _____
9. **Any dietary restrictions** **yes** _____ **no** _____

If you answered YES to any of the questions 1-9, please explain: _____

_____

_____

_____

_____ ___/___/_____
Parent/Guardian Signature **Date**

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