

GARRISON FOREST SCHOOL

Physical Examination

Student name: _____ Age: _____ DOB: _____ Grade: _____

Weight(lbs.): _____ Height (in.): _____ Blood Pressure: _____ Pulse: _____

Use an (X) in the left column for normal findings, for abnormal findings; comment/explain in space to the right.

☐ General appearance _____

☐ Skin _____

☐ Head, eyes, ears, nose, throat _____

☐ Vision _____

☐ Hearing _____

☐ Respiratory _____

☐ Cardiovascular _____

☐ Gastrointestinal _____

☐ Genitourinary _____

☐ Spine (screen for scoliosis/kyphosis) _____

☐ Extremities (include known and previous orthopedic injuries/conditions) _____

☐ Metabolic/endocrine _____

☐ Neurological _____

☐ Other _____

Menstrual History: Onset Age: _____ Regularity: _____ Duration: _____

Pain: _____

Recommendations for Physical Activity:

☐ **CLEARED** for full participation in all sports and athletic activities.

☐ **CLEARED WITH LIMITATIONS** please explain any limitations or follow-up exam (s) you advise. _____

☐ **NOT CLEARED** please explain your reasons for disqualifying this student from activity and indicate when this student may resume physical activity. _____

Physician Signature: _____ Date: _____

Physician Name (print): _____

Phone Number: _____

This form is to be completed and signed by the examining physician

Immunizations: Students must comply with Maryland State immunization requirements for school attendance and have a Maryland Immunization Certificate on file in the Health Center. Please send a copy of all immunization records, including dates, with this form.