



THE POTOMAC SCHOOL

1301 Potomac School Road
McLean, VA 22101

PHYSICAL EXAMINATION
FOR RETURNING STUDENTS ONLY
To be completed by a physician

Name _____ DOB ____/____/____ Gender _____ Grade 2026-27 _____

Date of Exam _____ Height _____ Weight _____ BP _____

Date of most recent Tdap _____ TB Screening: _____ No risk for TB infection identified or _____ At risk

Vision (w/o glasses) R 20/ _____ L 20/ _____ (with glasses) R 20/ _____ L 20/ _____

Allergies to:

- Food (nuts, eggs, dairy, fish/shellfish, wheat, soy) Please specify - _____

- Insect Stings _____

- Latex _____

- Seasonal _____

- Medication _____

- Other _____

Current ongoing medical problems (asthma, diabetes, seizure disorder, heart) Please specify –

Could this student require emergency action while at school? YES or NO If yes, please describe –

	SYSTEMS EXAMINED	COMMENTS
APPEARANCE, NUTRITION, SKIN		
EARS, NOSE, THROAT, EYES		
HEART, LUNGS/LYMPH NODES		
ABDOMEN		
SPINE (SCOLIOSIS)		
NEUROLOGIC		
BONES, MUSCLES, JOINTS		
GROSS AND FINE MOTOR		

Is student CLEARED to participate FULLY with no restrictions to academics, athletics or extracurriculars? YES or NO

If NO, please describe –

Please attach current updated immunization record.

SIGNED _____
Examining Physician

DATE _____