



Annual Physical Form

Name _____ Date of Birth _____ Grade for 2026-2027 _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Hearing and Vision Screening- **REQUIRED FOR ALL NEW STUDENTS ONLY**

| | | | | |
|----------------|----------------|----------------|---|---|
| Vision | Right eye: 20/ | Left eye: 20/ | Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Hearing | 1000 Hz | 2000 Hz | 4000 Hz | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Right | | | | |
| Left | | | | |

| Physical Assessment | Normal | Abnormal Findings |
|--|----------|-------------------|
| Eyes/Ears/Nose/Throat | | |
| Lymph Nodes | | |
| Heart | | |
| Pulses | | |
| Lungs | | |
| Abdomen/GU | | |
| Neurologic/Skeletal | | |
| Acanthosis (Grades 1,3,5,7) | Negative | Positive |
| Scoliosis Female: age 10 AND 12 or Fall of grade 5 AND Fall of grade 7 Male: age 13 or 14, or Fall of grade 8 | Negative | Positive |
| Musculoskeletal (Grades 6-12) | | |
| Neck | | |
| Back | | |
| Shoulder/Arm/Elbow | | |
| Wrist/Hand/Fingers | | |
| Hip/Thigh | | |
| Knee | | |
| Leg/Ankle/Foot | | |
| Marfan Stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | |
| Allergies (life threatening/seasonal) | | |
| Additional Findings | | |

- Cleared to participate in PE/Athletics/Performing Arts
- Not Cleared for PE/Athletics/Performing Arts Reason: _____
- Cleared after completing evaluation/rehabilitation for: _____
- Recommendations: _____

Physician's Signature _____ Date of Exam _____

Name of Physician(print/type) _____ Phone _____

Parents are responsible for uploading all forms into the Magnus Health Portal via the Kinkaid website.