



THS Physical Assessment Form 2026-2027

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