



PHYSICAL EXAMINATION FORM FOR
KINDERGARTEN
NEW STUDENTS
GRADE 6
HIGH SCHOOL ATHLETICS/ACTIVITIES

PLEASE RETURN COMPLETED HEALTH EXAMINATION FORM TO THE SCHOOL NURSE.
ANY QUESTIONS REGARDING COMPLETION OF THIS FORM MAY BE DIRECTED TO THE SCHOOL NURSE.

Student Name: _____

Date of Birth: _____ Grade: _____

TO BE COMPLETED BY PHYSICIAN

DATE OF EXAM: _____

IMMUNIZATIONS (attach record)

PHYSICAL

Height: _____ Weight: _____ B/P: _____ / _____ Pulse: _____

Eyes: R - 20/ _____ L - 20/ _____ Hearing: _____

Scoliosis screening: _____

Review of System: _____

Note any problems: _____

HISTORY

Asthma: No Yes

ADHD: No Yes

Chronic Condition/Major Surgeries: (list, give date)

ORTHOPEDIC EXAM (for PE/sports participation)

Back/Neck/Shoulders/Extremities: _____ WNL _____

If not, please explain: _____

Recommendation for PE/Sports: Full Limited None

Clearance withheld until: _____

If limitations, please explain: _____

SIGNATURE OF EXAMINER: _____

Name (please print): _____

Address: _____

Phone: _____

ORTHOPEDIC HISTORY (for sports participation)

Previous Injury Date: _____

Explain: _____

Special Seating Recommendations: _____

Medical Treatment Needed at School: _____

Other Health Recommendations: _____

Signature of Parent: _____ Date: _____