PHYSICAL EXAMINATION FORM FOR STUDENTS

Name:	UID#Birth Date:				
Grade: School Site:					
Father:	Mother:				
Address:					
Parent Consent:					
Medicai nisiory to include: rheumai congenital defects and menstrual dis	•		ериер	sy, allergies, operations, serious illne	
Has your son/daughter had a concus		Yes	N	No	
If so, how many?	D	ate of Last	concus	ssion:	
Immunization Recommendations:					
Physical Examination	Check			Additional Remarks	
Normal, Abnormal, Not Examined	N	A	NE	Additional Remarks	
General Weight & Nutrition	1,		1.2		
General Appearance					
Skin (Acne, Tinea, Dermatitis)					
Eyes (Conjunctivae, Cornea, EOM)					
Ears (Perforations, Deafness)					
Nose (Allergy, Deformities)					
Teeth (Cavities, Gingivitis, Occlusion)					
Tonsils					
Lymph Nodes					
Chest (Deformities)					
Lungs					
Heart (Size, Murmur, Rhythm)					
Breast					
Abdomen					
Hernias					
Genitalia					
Back (Kyphosis, Lordosis, Scoliosis)					
Skelton (Limited Motion, Deformities)					
Feet (Flat, Pronated, Tinea)					
Blood Pressure:	Heig	ht:		Weight:	
This student may participate in:	J			-	
	Vac	No			
<u> </u>	Yes				
Regular Physical Education					
Limited P.E. Only	Yes	_ Durat	ion		
ysician's Signature				Date	
rpe or print physician's name				License Number	

PHYSICALS FROM A CHIROPRACTOR ARE NOT VALID FOR ATHLETIC CLEARANCE

