

PHYSICAL EXAMINATION – GRADE _____

All students must have a current health/physical examination by a qualified physician within six (6) months prior to the entrance of a child into **grades PK, 1, 3, 5, 7**. This form must be on file in the school office prior to the first day of school. In the case of transfer students, a physical examination within thirty (30) days will be required upon admission.

TO BE COMPLETED BY PARENT OR GUARDIAN

Name _____ Date of Birth _____
 Sports _____
 Medications _____
 Injuries _____
 Surgeries _____ Allergies _____
 Glasses or Contacts _____ Oral Plates or Braces _____ Absent teeth _____

TO BE COMPLETED BY PHYSICIAN

Height	Weight	Blood Pressure	Pulse
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Nutrition / General Appearance / Emotional Adjustment _____

Explain any abnormalities in Limitations section below

	N	Ab	NE
Head and Neuro			
Skin			
Cranial NS			
Eyes			
Pupils			
EOMs			
Fundus			
Vision			
Ears			
Canal			
Tympanic Membrane			
Hearing			
Nose			
Mouth and Throat			
Caries			
Pharynx			
Neck			
Pulses			
Thyroid			
Nodes			

	N	Ab	NE
Lungs			
Breath Sounds			
Heart			
Rhythm			
Murmur			
Abdomen			
Liver / Spleen			
Masses			
Hernia			
Genitalia			
Masses			
Discharge			
Orthopedic			
Neck			
T/L/S			
Shoulders			
Elbows			
Wrists			
Ankles			
Knees			

N=Normal, Ab=Abnormal, NE=Not Examined

Limitations / Special Conditions / Comments: _____

Physician Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____