

PHYSICAL EXAMINATION FORM FOR STUDENTS

Name: _____ UID# _____

Grade: _____ School Site: _____ Birth Date: _____ Sex: _____

Father: _____ Mother: _____

Address: _____

Parent Consent: _____ **Date:** _____

Medical history to include: rheumatic fever, tuberculosis, epilepsy, allergies, operations, serious illnesses, congenital defects and menstrual disturbances

Has your son/daughter had a concussion? Yes No

If so, how many? _____ Date of Last concussion: _____

Immunization Recommendations: _____

| Physical Examination | Check | | | Additional Remarks |
|---|-------|---|----|--------------------|
| | N | A | NE | |
| Normal, Abnormal, Not Examined | | | | |
| General Weight & Nutrition | | | | |
| 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: _____ Height: _____ Weight: _____

This student may participate in:

Competitive Sports Yes _____ No _____
 Regular Physical Education Yes _____ No _____
 Limited P.E. Only Yes _____ Duration _____

 Physician's Signature

 Date

 Type or print physician's name

 License Number

PHYSICALS FROM A CHIROPRACTOR ARE NOT VALID FOR ATHLETIC CLEARANCE

