

**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 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		N	Ab	NE
<b>Head and Neuro</b>				<b>Lungs</b>			
Skin				Breath Sounds			
Cranial NS				<b>Heart</b>			
<b>Eyes</b>				Rhythm			
Pupils				Murmur			
EOMs				<b>Abdomen</b>			
Fundus				Liver / Spleen			
Vision				Masses			
<b>Ears</b>				Hernia			
Canal				<b>Genitalia</b>			
Tympanic Membrane				Masses			
Hearing				Discharge			
<b>Nose</b>				<b>Orthopedic</b>			
<b>Mouth and Throat</b>				Neck			
Caries				T/L/S			
Pharynx				Shoulders			
<b>Neck</b>				Elbows			
Pulses				Wrists			
Thyroid				Ankles			
Nodes				Knees			

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

Limitations / Special Conditions / Comments: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_