

REPORT OF PHYSICAL EXAMINATION BY FAMILY PHYSICIAN

Name _____ Date of Birth _____

Address _____

School _____ Grade _____

PREVENTATIVE MEASURES AND TESTS

OPV: 1. ___/___/___ 2. ___/___/___ 3. ___/___/___/___ 4. ___/___/___/___

MMR: 1. ___/___/___ 2. ___/___/___

Measles: 1. ___/___/___ Mumps: 1. ___/___/___ Rubella: 1. ___/___/___

DPT: 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___

dT: 1. ___/___/___ 2. ___/___/___ 3. ___/___/___/___

Tetanus: 1. ___/___/___ 2. ___/___/___

Other: 1. ___/___/___ 2. ___/___/___ 3. ___/___/___/___ 4. ___/___/___/___

1. ___/___/___ 2. ___/___/___ 3. ___/___/___/

TINE: 1. ___/___/___ 2. ___/___/___

RESULT: 1. _____ 2. _____

FOR MEDICAL EXEMPTION: Attach Documentation

Please indicate any other health information that would be of importance to the school by completing the reverse side of this form.

HEIGHT _____ WEIGHT _____ HEART _____

BLOOD PRESSURE _____ ABDOMEN _____

EYES _____ GENITO-URINARY _____ *TANNER _____

EARS _____ THYROID _____

NOSE _____ ORTHOPEDIC(Structural) _____

TEETH _____ FEET _____

LYMPH NODES _____ NERVOUS SYSTEM _____

***Tanner Scale on 7th - 12th graders**

To enable the school to better know the physical history of this child, and meet his/her individual needs, we ask you to complete the following:

Has this child ever had any significant disease? Yes _____ No _____

If yes, what? _____ Date _____

Has this child ever had surgery? Yes _____ No _____

If yes, for what reason? _____ Date _____

Has this child any physical condition the school should know about? Yes _____ No _____

If yes, what? _____

Does this child have any special needs because of this condition? _____

Is this child able to participate in regular physical education? Yes _____ No _____

Please list any restrictions from the normal physical education program or any differences in the school program for this child.

Please describe in more detail any positive findings._____

Additional Remarks_____

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***Above information must be completed by a duly licensed physician.**

I have completed a physical for this child and found that he/she may participate in
_____ **sport.**

Physician's name printed:_____

Physician's signature_____ **Date**_____