



PHYSICAL EXAMINATION (School year _____ Grade _____)

For use only by new students or those entering Grade 6 or 9

To be completed by **doctor**.

Student name: _____ Gender: M F Date of Birth (m/d/y): _____

•Height _____ Weight _____ Temp _____ Pulse _____ BP _____/_____

•Visual acuity: R ____/20_(____) L ____/20_(____) Wears glasses/contacts: Yes No

•General nutrition: Excellent Good Fair Poor

•Significant weight loss in past year: Yes No If "yes," how much? _____

PLEASE EXAMINE AND CHECK (√) EACH AREA.

	Normal	Abnormal	Describe abnormal finding
Skin/scalp			
Eyes			
Ears: otoscopic			
Ears: hearing			
Nose			
Throat			
Lymph nodes			
Thyroid			
Heart			
Lungs			
Abdomen: hernia, masses, other			
Gentio-urinary			
Musculoskeletal deformity			
Musculoskeletal limitation			
Musculoskeletal swelling/tenderness			
Scoliosis screening			
Neurological			
Other			
Urinalysis			
Hemoglobin/Hematocrit (if indicated)			
Additional comments/recommendations:			

TUBERCULOSIS SCREENING • REQUIRED OF NEW STUDENTS AND SIXTH GRADERS
(to be completed by physician-refer to Tuberculosis Screening Risk Factor Questionnaire)

BCG immunization: Yes No If yes record dates given _____

Results of TB Risk Factor Questionnaire-Does student need PPD or Chest x-ray? Yes No

If YES to risk factors or symptoms please perform TB screening by PPD or Chest x-ray.

PPD results: Date given _____ Date read _____ Results _____ mm of induration

Chest x-ray results: Date _____ Result _____

Please review immunization records and update immunizations if needed:

Type _____ Date(m/d/y) _____

Type _____ Date(m/d/y) _____

Based on the above history and physical, this student:

- YES-is cleared for participation in competitive athletics and physical education activities.
- NO-Is not cleared for participation in athletic activities due to _____

Doctor Signature _____ **Date (m/d/y)** _____