

Relevant Health Information	Physical Assessment	Normal	Abnormal	Not Examined
Present Age: yrs. mos.	General Appearance			
Height (no shoes): inches (%)	Skin			
Weight (light clothing): lbs. oz. (%)	Head			
Hemoglobin or Hematocrit (opt):	Eyes:			
Urinalysis (opt):	1) Reflex Test			
	2) Cover Test			
Other:	Ears			
Blood Pressure:	Nose, Mouth, Pharynx, Teeth			
Pulse / Respiration:	Neck(lymphatic/thyroid)			
	Heart			
	Lungs			
	Abdomen (include hernias)			
	Genitalia			
	Orthopedic			
	Neurologic			

Explanation of Abnormal Findings: _____

**IMMUNIZATION RECORDS OR MEDICAL EXEMPTION FROM VACCINES (yearly) MUST BE SUBMITTED TO SCHOOL:
 COMPLETED FOR AGE OF STUDENT AND APPROVED IN ORDER TO COMPLETE ENROLLMENT**

Immunizations Submitted: Yes No
 Immunizations Approved: Yes No
 Notes: _____

HEARING SCREEN DATE: _____

	1 st screening		Hearing Screening	2 nd screening		1 st Vision Screening	2 nd Vision Screening
	R	L		R	L		
at 25 dB			at 25 dB			Distance Acuity:	Distance Acuity:
1000 HZ			1000 Hz			R20/ ____ L-20/ ____	R-20/ ____ L-20/ ____
2000 Hz			2000 Hz			Pass ____ Refer ____	Pass ____ Refer ____
4000 Hz			4000 Hz			Fail ____	Fail ____
						Signature:	Signature:

Spinal Screening: Pass ____ Fail ____ Refer ____ Comments: _____

Patient Health History, Findings and Recommendations: _____

Physical Activity: Restricted or Unrestricted (circle one) Explanation: _____

I have examined the child named on this form, and find that he/she is able to participate in the athletic programs of the school:

Date: _____ Signature: _____
 (Stamped signature not accepted)

Please print physician's name and address: _____
 (MD / DO or PA or RNP working under the direction of a licensed physician)