



**ROCKWOOD SCHOOL DISTRICT PHYSICAL EXAMINATION FORM**  
**FOR**  
**KINDERGARTEN • NEW STUDENTS • GRADE 6 • HIGH SCHOOL SPORTS**

**PLEASE RETURN COMPLETED HEALTH EXAMINATION FORM TO THE SCHOOL NURSE.**  
**ANY QUESTIONS REGARDING COMPLETION OF THIS FORM MAY BE DIRECTED TO THE SCHOOL NURSE.**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**  
**DATE OF EXAM: \_\_\_\_\_**

**IMMUNIZATIONS** (give month/day/year or attach record)

DTP/DTaP \_\_\_\_\_  
 Td/Tdap \_\_\_\_\_  
 Polio \_\_\_\_\_  
 MMR \_\_\_\_\_ Hep A \_\_\_\_\_  
 Hep B \_\_\_\_\_  
 Varicella \_\_\_\_\_ or Month & Year of Illness \_\_\_\_\_  
 HIB \_\_\_\_\_  
 Meningococcal \_\_\_\_\_  
 HPV \_\_\_\_\_  
 Other \_\_\_\_\_

**HISTORY**

Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_  
 ADHD: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Chronic Condition/Major Surgeries: (list, give date) \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies (list): \_\_\_\_\_  
 Medications (list): \_\_\_\_\_  
**ORTHOPEDIC HISTORY** (for sports participation)  
 Previous Injury Date, Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Special Seating Recommendations: \_\_\_\_\_  
 Medical Treatment Needed at School: \_\_\_\_\_  
 Other Health Recommendations: \_\_\_\_\_

**PHYSICAL**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_\_  
 Eyes: R – 20/ \_\_\_\_\_, L – 20/ \_\_\_\_\_ Hearing: \_\_\_\_\_  
 Scoliosis screening \_\_\_\_\_  
 Review of Systems: \_\_\_\_\_  
 Note any problems: \_\_\_\_\_  
 \_\_\_\_\_

**ORTHOPEDIC EXAM** (for PE/sports participation)

Back/Neck/Shoulders/Extremities: WNL \_\_\_\_\_  
 If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Recommendation for PE/Sports: Full / Limited / None  
 Clearance withheld until: \_\_\_\_\_  
 If limitations, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE of EXAMINER:** \_\_\_\_\_

Name (please print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**FOR HIGH SCHOOL SPORTS PARTICIPATION ONLY** - Parent's or Guardian's permission: I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on the form by the examiner; I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the student, if he/she is injured in the course of school activities.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_