



PHYSICAL EXAMINATION FORM FOR  
KINDERGARTEN  
NEW STUDENTS  
GRADE 6  
HIGH SCHOOL ATHLETICS/ACTIVITIES

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 (attach record)

PHYSICAL

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

Eyes: R - 20/ \_\_\_\_\_ L - 20/ \_\_\_\_\_ Hearing: \_\_\_\_\_

Scoliosis screening: \_\_\_\_\_

Review of System: \_\_\_\_\_

Note any problems: \_\_\_\_\_

HISTORY

Asthma:  No  Yes

ADHD:  No  Yes

Chronic Condition/Major Surgeries: (list, give date)

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

ORTHOPEDIC HISTORY (for sports participation)

Previous Injury Date: \_\_\_\_\_

Explain: \_\_\_\_\_

Special Seating Recommendations: \_\_\_\_\_

Medical Treatment Needed at School: \_\_\_\_\_

Other Health Recommendations: \_\_\_\_\_

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