

Private Physician's Report of Physical Examination

GENERAL INFORMATION:

Grade: _____ Date of Exam: _____

Student Name: _____ Sex: [M] [F] Age: _____ Birth Date: _____
 Last First Middle

Address: _____
 No. and Street City or Post Office Municipality County State/Province Zip/Post

IMMUNIZATION AND TESTS:

VACCINE	Dose Date	Dose Date	Dose Date	Booster Date	Booster Date
Diphtheria/Tetanus (DTP, DT, Td, etc)	(1)	(2)	(3)	(4)	(5)
Polio	(1)	(2)	(3)	(4)	(5)
Measles, Mumps, Rubella	(1)	(2)	or Measles serology > or Rubella serology >	Date: Date:	Titer: Titer:
Varicella (chicken pox)	(1)	(2)			
Hepatitis B	(1)	(2)	(3)		
HIB	(1)	(2)	(3)		
Meningitis required for all dormitory students	(1)				
Other					

TUBERCULIN TESTS:

Date Applied: _____ Signature: _____

Arm: _____ Device: _____ Antigen: _____ Manufacturer: _____

Date Read: _____ Signature: _____

Results (mm) _____

Follow-up of significant tuberculin tests:

Parent / Guardian notified of significant findings Date: _____

Result of Diagnostic Studies: _____ Date: _____

Preventive Anti-Tuberculosis Chemotherapy ordered: [] No [] Yes Date: _____

[] **Medical Exemption** The physical condition of this child is such that immunization would endanger life or health

[] **Religious Exemption** Includes a strong moral or ethical conviction similar to a religious belief
 Requires a written statement from the parent/guardian

**** Examination Notes on reverse ****

EXAMINER:

Examiner Name (Print): _____ Phone: _____

Address: _____

Signature: MD/DO, PAC, CRNP, SNP _____ Date: _____

REPORT OF PHYSICAL EXAMINATION:

Height _____ inches Normal Abnormal – Explain _____
 Weight _____ pounds Normal Abnormal – Explain _____
 Pulse _____ Normal Abnormal – Explain _____
 Blood pressure ____/____ Normal Abnormal – Explain _____
 Right-Handed / Left-Handed R L

Medical Examination:

Hair/scalp Normal Abnormal – Explain _____
 Skin Normal Abnormal – Explain _____
 Eyes Visual acuity R____/____ L____/____ Normal Abnormal – Explain _____
 Eyes – Color vision Normal Abnormal – Explain _____
 Ears – Hearing dB R L Normal Abnormal – Explain _____
 Nose and Throat Normal Abnormal – Explain _____
 Teeth and Gingiva Normal Abnormal – Explain _____
 Lymph Glands Normal Abnormal – Explain _____
 Heart – Murmur, etc Normal Abnormal – Explain _____
 Lungs – Adventitious findings Normal Abnormal – Explain _____
 Abdomen Normal Abnormal – Explain _____
 Genitourinary Normal Abnormal – Explain _____
 Neurological Normal Abnormal – Explain _____

Sports Examination:

Back / Spine – Scoliosis, etc Normal Abnormal – Explain _____
 Neck Normal Abnormal – Explain _____
 Shoulder Normal Abnormal – Explain _____
 Elbow Normal Abnormal – Explain _____
 Wrist Normal Abnormal – Explain _____
 Hand Normal Abnormal – Explain _____
 Pelvis Normal Abnormal – Explain _____
 Knee Normal Abnormal – Explain _____
 Ankle Normal Abnormal – Explain _____
 Foot Normal Abnormal – Explain _____
 Other Normal Abnormal – Explain _____

CLEARANCE FOR SPORTS PARTICIPATION:

Cleared for Sports: _____
 Cleared after completing evaluation / rehabilitation for: _____
 Cleared for: Collision Contact Moderately strenuous
 Non-contact Strenuous Non-strenuous due to: _____

Recommendation / referral: _____

Signature: MD/DO, PAC, CRNP, SNP _____ Date: _____