

**PHYSICAL EXAMINATION FORM**

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Pre-School, Kindergarten, 3<sup>rd</sup> Grade, 6<sup>th</sup> Grade, 9<sup>th</sup> Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child’s physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School \_\_\_\_\_ Grade \_\_\_\_\_

Student’s Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_

Date of Examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ BMI \_\_\_\_\_

**General Appearance**

Nutrition _____	Nose _____	Abdomen _____	Skin _____	Mouth _____
Back _____	Lungs _____	Genitalia _____	Head _____	Throat _____
Extremities _____	Heart _____	Neck _____	Eyes _____	Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses

Can Student Carry a Full Program of School Work?	Yes	No	(circle one)
Should Physical Activity Be Restricted?	Yes	No	

Explain \_\_\_\_\_

Hearing Test: Type of Test \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Both

Vision Test: Type of Test \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Both

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

	<p><b><u>PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD</u></b></p>
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