

# Physical Examination

(Students entering into grades, K, 1 or 9)

Student's name: \_\_\_\_\_

*To be filled out and signed by examiner:*

Measurements:      Height \_\_\_\_\_      Weight \_\_\_\_\_

Exam:

Vision \_\_\_\_\_      Hearing \_\_\_\_\_

Skin \_\_\_\_\_      Orthopedic \_\_\_\_\_

Physical Maturity \_\_\_\_\_      Extremities \_\_\_\_\_

Respiratory \_\_\_\_\_      Neurological \_\_\_\_\_

Allergies \_\_\_\_\_

Comments on unsatisfactory conditions: \_\_\_\_\_

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1. Does this child have any health condition that would make his/her attending this school a risk to other students? \_\_\_\_\_
2. Does this child have any condition(s) that would be a hazard to him/her in attending this school? \_\_\_\_\_
3. Does this child have special needs or is receiving special services? \_\_\_\_\_

Additional

Comments: \_\_\_\_\_

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I have examined \_\_\_\_\_ and recommend him/her as being physically able to compete in supervised athletic activities.

This student is exempt from the following activities due to health problems:

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Date \_\_\_\_\_ Examined by: \_\_\_\_\_

Physicians Office \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Upon completion, this form is to be returned to the school office*