



REQUIRED PHYSICAL EXAMINATION FORM - School Year 2012 -2013
(Please Note: Physical Exam must be performed and signed& stamped by a licensed physician.)

Student: _____ **Grade:** _____ **Age:** _____ **Date of Birth:** _____

Sport(s): _____ **Sex: F** _____ **M** _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Pulse:** _____ **Respiration:** _____

Vision: Right: _____ **Left:** _____ **Currently using corrective lenses? Yes:** _____ **No:** _____

RESULTS OF THE EXAMINATION:

Eyes: _____ **Vision:** _____

Dental Evaluation: _____ **General Appearance:** _____

Cardiovascularity: _____ **Respiratory:** _____

Head/Neck Lymphatic's: _____ **Ears/Nose/Throat:** _____

Gastrointestinal: _____ **Genital-Urinary:** _____

Muscular-Skeletal: _____ **Neurological:** _____

Allergy to Medication: _____ **Allergy to environment:** _____

Epilepsy, diabetes, endocrine or CNS disorders: _____

Physician's recommendation for Physical Education and/or Athletic Participation:

_____ **Full Activity — (Cleared for unlimited participation)**

_____ **Modified Activity — Please Explain:** _____

_____ **No Activity Recommend:** _____

Remarks or Recommendation: _____

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all the important medical information has been included, and the information is complete and accurate.

Physician's Signature: _____ **Date:** _____

Physician's name (print): _____

Physician's Stamp:

Physician's address: _____

Physician's Phone #: _____

****9 GRADE AND TRANSFER STUDENTS NEED TO ATTACH UPDATED IMMUNIZATION RECORDS****