

TO BE COMPLETED BY A HEALTH PHYSICIAN

PHYSICAL EVALUATION

DATE OF EXAM _____	
Name _____	
Sex _____	Age _____
Date of Birth _____	Grade _____
School _____	
Address _____	
Phone _____	
Personal Physician _____	

EXAM

Physical examination should incorporate and evaluation of the following areas: (1) vision; (2) hearing; (3) skin; (4) respiratory; (5) cardiovascular; (6) liver, spleen, kidney; (7) musculoskeletal; (8) neurological; (10) urinalysis (protein and sugar exam required); (11) physical status (developmental level).

PROBLEM LIST

1. _____
2. _____
3. _____
4. _____

DISPOSITION: Physician to check one of the following:

A. I certify that I have examined the patient and find him/her physically able to complete in all supervised activities.

B. Student is not physically able to participate in activities pending evaluation of:

_____ (ailment) _____ (specialist)

C. Student may participate but should have a yearly physical exam with special reference to

D. Student may not participate in the following activities: _____

Reason: _____

Physician's Name

_____ (print)

Address

_____ Phone _____

Physician's Signature

Date