8500 Sardis Road Charlotte, NC 28270

## THE FLETCHER SCHOOL

Phone: 704-365-4658 Fax: 704-364-2978

## 2022-2023 PHYSICAL EXAMINATIONAND HEALTH HISTORY

A Physical Examination/Health History form is required for <u>ALL NEW STUDENTS</u> and <u>SIXTH GRADERS</u> at the start of school, as well as <u>ANNUALLY for all ATHLETES (Grades 6-12)</u> prior to the first day of practice and/or tryouts.

## PART 1: PHYSICAL EXAMINATION (to be completed by a MD, PA, FNP, PNP)

	Weight	Hoight				Grade
Gender	weight	Height	B100Q 1	ressure _		неагт кате
Eye Glasses/Co	ontacts		Extremities	S		
ENT			Posture (sp	ine)		
Teeth			Renal			
Heart			Abdomen _			
				.1.4.1		
Neurological _ Doto of Lost To	etanus Booster			eietai		
	etanus Doostei					
Dietary Restric	etions					
Comments						
	No participation	tion (note restriction)	Phone Numb			
<b>J</b>	· · · · · · · · · · · · · · · · · · ·					
PRINT Physician's Name			Fax Number			
DADT 2. HI	TALTH HISTORY	(to he completed h	y the navent/au	urdian)		
	EALTH HISTORY : (IF ANSWER "YES," PA	· -	•	ırdian)		
HISTORY OF	: (IF ANSWER "YES," PI	LEASE EXPLAIN IN SI	PACE BELOW)		no	
HISTORY OF	t murmur, blood pres	LEASE EXPLAIN IN SI	PACE BELOW)	yes	no	
HISTORY OF  1. Hear 2. Frac	t murmur, blood prestures or other disablin	LEASE EXPLAIN IN SA sure, or any heart a ng injury	PACE BELOW) abnormality	yes	no	_
1. Hear 2. Frac 3. Birth	t murmur, blood pres tures or other disablin deformities (i.e. one	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc.	PACE BELOW) abnormality	yes yes	no	_
1. Hear 2. Frac 3. Birth 4. Any	t murmur, blood prestures or other disablindeformities (i.e. one lamedical conditions red	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc quiring treatment ()	PACE BELOW)  abnormality  .)  past & present)	yes yes yes	no no no	- - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth	t murmur, blood prestures or other disablind deformities (i.e. one limedical conditions recma, hay fever, coughing	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc	PACE BELOW) abnormality  abnormality  past & present) cise	yes yes yes yes	no no no	- - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat	t murmur, blood pres tures or other disablir deformities (i.e. one) medical conditions rec ma, hay fever, coughing stroke, heat exhaustic	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel	PACE BELOW) abnormality  abnormality  past & present) cise	yes yes yes yes yes	nononono	- - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Cond	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recome, hay fever, coughing stroke, heat exhausticussions/loss of conscious	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness	PACE BELOW) abnormality  abnormality  past & present) cise	yes yes yes yes yes	no no no	- - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Cond	t murmur, blood pres tures or other disablir deformities (i.e. one) medical conditions rec ma, hay fever, coughing stroke, heat exhaustic	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness	PACE BELOW) abnormality  abnormality  past & present) cise	yes yes yes yes yes yes	nononono	- - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recome, hay fever, coughing stroke, heat exhausticussions/loss of conscious	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness	PACE BELOW) abnormality  abnormality  past & present) cise	yes yes yes yes yes yes yes	nonononono	- - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu 9. Any	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recommendates) and fever, coughing stroke, heat exhaustic cussions/loss of conscioures or other neurolog dietary restrictions	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness ical disorders	PACE BELOW)  abnormality  abnormality  past & present)  cise  lated illness	yes	no	- - - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu 9. Any	t murmur, blood prestures or other disablir deformities (i.e. one lamedical conditions rema, hay fever, coughing stroke, heat exhaustic cussions/loss of conscioures or other neurolog	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness ical disorders	PACE BELOW)  abnormality  abnormality  past & present)  cise  lated illness	yes	no	- - - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu 9. Any	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recommendates) and fever, coughing stroke, heat exhaustic cussions/loss of conscioures or other neurolog dietary restrictions	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness ical disorders	PACE BELOW)  abnormality  abnormality  past & present)  cise  lated illness	yes	no	- - - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu 9. Any	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recommendates) and fever, coughing stroke, heat exhaustic cussions/loss of conscioures or other neurolog dietary restrictions	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness ical disorders	PACE BELOW)  abnormality  abnormality  past & present)  cise  lated illness	yes	no	- - - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu 9. Any	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recommendates) and fever, coughing stroke, heat exhaustic cussions/loss of conscioures or other neurolog dietary restrictions	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness ical disorders	PACE BELOW)  abnormality  abnormality  past & present)  cise  lated illness	yes	no	- - - - -
1. Hear 2. Frac 3. Birth 4. Any 5. Asth 6. Heat 7. Conc 8. Seizu 9. Any	t murmur, blood prestures or other disablindeformities (i.e. one limedical conditions recommendates) and fever, coughing stroke, heat exhaustic cussions/loss of conscioures or other neurolog dietary restrictions	LEASE EXPLAIN IN SA sure, or any heart a ng injury kidney, one eye, etc. quiring treatment () ng spells after exerc on, or other heat rel ousness ical disorders	PACE BELOW)  abnormality  abnormality  past & present)  cise  lated illness	yes	no	- - - - -