

2022-2023 PHYSICAL EXAMINATION AND HEALTH HISTORY

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

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

STUDENT NAME _____ D.O.B. ____/____/____ Grade _____

Gender _____ Weight _____ Height _____ Blood Pressure _____ Heart Rate _____

Eye Glasses/Contacts _____ Extremities _____

ENT _____ Posture (spine) _____

Teeth _____ Renal _____

Heart _____ Abdomen _____

Lungs _____ Skin _____

Neurological _____ Musculoskeletal _____

Date of Last Tetanus Booster _____

Allergy _____

Dietary Restrictions _____

Comments _____

PHYSICAL ACTIVITY *(Please provide explanation, if necessary.)*

_____ Full participation including competitive sports

_____ Restricted participation (note restriction) _____

_____ No participation

Physician's Signature _____ Phone Number _____ Date of Exam ____/____/____

PRINT Physician's Name _____ Fax Number _____

PART 2: HEALTH HISTORY *(to be completed by the parent/guardian)*

HISTORY OF: *(IF ANSWER "YES," PLEASE EXPLAIN IN SPACE BELOW)*

- 1. Heart murmur, blood pressure, or any heart abnormality yes _____ no _____
- 2. Fractures or other disabling injury yes _____ no _____
- 3. Birth deformities (i.e. one kidney, one eye, etc.) yes _____ no _____
- 4. Any medical conditions requiring treatment (past & present) yes _____ no _____
- 5. Asthma, hay fever, coughing spells after exercise yes _____ no _____
- 6. Heat stroke, heat exhaustion, or other heat related illness yes _____ no _____
- 7. Concussions/loss of consciousness yes _____ no _____
- 8. Seizures or other neurological disorders yes _____ no _____
- 9. Any dietary restrictions yes _____ no _____

If answered YES to Questions 1 - 9, please explain: _____

Parent/Guardian Signature _____ Date ____/____/____

PHYSICALS ARE VALID FOR ONE YEAR FROM THE DATE OF EXAM.