

PHYSICAL EXAMINATION FORM

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Pre-School, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School _____ Grade _____

Student's Name _____ DOB _____ M or F _____

Date of Examination _____

Height _____ Weight _____ BP _____ Pulse _____ BMI _____

General Appearance

Nutrition _____ Nose _____ Abdomen _____ Skin _____ Mouth _____
Back _____ Lungs _____ Genitalia _____ Head _____ Throat _____
Extremities _____ Heart _____ Neck _____ Eyes _____ Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses _____

Can Student Carry a Full Program of School Work? Yes No (circle one)
Should Physical Activity Be Restricted? Yes No Explain _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature _____ Date _____

Print Physician Name _____

**PLEASE ATTACH A COPY OF
THE CURRENT IMMUNIZATION RECORD**

Office Stamp