



The Atonement Academy
CATHOLIC + CLASSICAL

The Atonement Academy Student Physical Examination
(To be completed by physician.)

Student's Name _____ Grade _____ M___ F___

Student's Date of Birth _____ Date of Physical _____

Physician Name _____ Telephone _____

Physician Address _____ Zip Code _____

Height _____	Weight _____	BP ____/____	Pulse _____
Vision R 20/____	L 20/____	Corrected? Y or N	Pupils _____

	Normal		Abnormal Findings					Initials
Cardiopulmonary	_____	_____	_____	_____	_____	_____	_____	
Pulses	_____	_____	_____	_____	_____	_____	_____	
Heart	_____	_____	_____	_____	_____	_____	_____	
Lungs	_____	_____	_____	_____	_____	_____	_____	
Tanner	1	2	3	4	5	_____	_____	
Skin	_____	_____	_____	_____	_____	_____	_____	
Abdominal	_____	_____	_____	_____	_____	_____	_____	
Genitalia	_____	_____	_____	_____	_____	_____	_____	
Menses	_____	_____	_____	_____	_____	_____	_____	
Musculoskeletal	_____	_____	_____	_____	_____	_____	_____	
Neck	_____	_____	_____	_____	_____	_____	_____	
Ears	_____	_____	_____	_____	_____	_____	_____	
Nose	_____	_____	_____	_____	_____	_____	_____	
Shoulder	_____	_____	_____	_____	_____	_____	_____	
Elbow	_____	_____	_____	_____	_____	_____	_____	
Wrist	_____	_____	_____	_____	_____	_____	_____	
Hand	_____	_____	_____	_____	_____	_____	_____	
Back	_____	_____	_____	_____	_____	_____	_____	
Knee	_____	_____	_____	_____	_____	_____	_____	
Ankle	_____	_____	_____	_____	_____	_____	_____	
Foot	_____	_____	_____	_____	_____	_____	_____	
Other	_____	_____	_____	_____	_____	_____	_____	
Date of last Tetanus booster:	_____							

<p>This student is cleared for general physical education activities and after-school sports: ___ Yes ___ No</p> <p>If no, please explain: _____</p> <p>_____</p>

Physician's Signature _____ Date _____