

**St. James Elementary
Student Medical Examination Form**

Name _____ Birthdate _____

Physician _____

Allergies _____

Height _____ Weight _____ Blood Pressure _____

Urinalysis _____ Hemoglobin/Hematocrit _____ Lead Level _____

Tuberculin Test (optional – physician discretion) _____

General Appearance _____

Eyes _____ Ears _____ Nose _____ Throat _____

Skin _____ Heart _____ Lungs _____ Abdomen _____

Genitalia _____ Posture _____ Extremities _____ Nutrition _____

Neurological _____

Medications taken regularly _____

Abnormalities _____

Do you recommend a referral? _____

Are there any restrictions for activity? _____

Immunizations given today _____

Date of exam _____

Physician Signature _____

*This form, along with immunizations and birth certificate, must be turned in to the office prior to your student's first day of school.