



## REQUIRED PHYSICAL EXAMINATION FORM

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO PHYSICIAN:** Kindly complete both sides of the following information on this pupil.

### RESULTS OF EXAMINATION:

Height \_\_\_\_\_ Weight \_\_\_\_\_

Nutrition \_\_\_\_\_ Skin \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_

Ears \_\_\_\_\_

canals \_\_\_\_\_

drums \_\_\_\_\_ Mouth \_\_\_\_\_

hearing \_\_\_\_\_ Teeth \_\_\_\_\_

Nose \_\_\_\_\_ Pharynx \_\_\_\_\_

Breasts \_\_\_\_\_ Chest \_\_\_\_\_

Lungs \_\_\_\_\_ Heart, Circulatory \_\_\_\_\_

Abdomen \_\_\_\_\_ Posture \_\_\_\_\_

Back, extremities, hips, neck \_\_\_\_\_

Hernia \_\_\_\_\_ Genitourinary \_\_\_\_\_

Congenital \_\_\_\_\_ General Appearance \_\_\_\_\_

Allergy to medication \_\_\_\_\_

Allergy to environment \_\_\_\_\_

Epilepsy, diabetes, endocrine or CNS disorders: \_\_\_\_\_

\_\_\_\_\_

Serious infectious or communicable disease \_\_\_\_\_

Remarks or recommendations \_\_\_\_\_

**Cardiac Compensation Test (Please complete)**

Beginning Blood Pressure

BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

After one minute of strenuous activity (STAT)

BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

After one minute of complete quiet

BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

Physician's recommendation for Physical Education and/or Athletic Participation

Full activity \_\_\_\_\_ Modified Activity \_\_\_\_\_

Clearance withheld until \_\_\_\_\_

No activity recommended \_\_\_\_\_

\_\_\_\_\_  
Examining Physician's Signature

\_\_\_\_\_  
Date