STUDENT HEALTH AND PHYSICAL EXAM FORM FOR MD

Student's Name: _____ D.O.B.: _____

DISEASE HISTORY	TYPE/ YEAR	DISEASE HISTORY	TYPE/YEAR
ADHD/Autism		GI Disorders	
Asthma		GU Disorders	
Blood Disorders		Lyme Disease	
Cardiac Disease		Neurological	
Childhood Diseases		Neuromuscular	
Chromosomal Abnormalities		Psychiatric	
Communicable		Pulmonary	
Congenital Defects		Seizure Disorder	
Diabetes		Skin Defects	

OPERATION/INJURIES (PLEASE SPECIFY):

1.
2.
3.

Height:	Weight:	Pulse:	B/P:
Vision:	Right:	Left:	
Hearing Screen:	Right:	Left:	

	Normal Exam	Abnormal Findings:
Head		
Eyes		
Ears		
Nose		
Throat		
Lymph Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitalia		
Skin		
Orthopedic		
Scoliosis		
Neurological		
Speech		
Nutrition		
Mental Status		

(OVER)

Student May participate in the following sports: (circle all that apply)

Contact/Collision	**Limited Contact**	Non-Contact/Strenuous
Soccer	Cheerleading	Running
Floor Hockey	Softball	Swimming
Basketball	Volleyball	Rock Climbing
		Tumbling

Please **circle** which fitness equipment the student is permitted to use:
Rower Treadmill Elliptical Recumbent Bike

Does student require any special protective equipment for PE or sports? ____Y ____N

Does student have Down Syndrome? _____Y _____N

C-spine instability? _____Y _____N Date of X-rays: _____

Allergies/Drug Sensitivities: _____

Current Medications: _____

_____

_____

Physician's Comments and Recommendations _____

_____

_____

Physician's Signature: _____ Date: _____

Physician's Stamp:

PLEASE ATTACH CURRENT IMMUNIZATION RECORD

Reviewed by: _____, RN

Date: _____