

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, 3<sup>rd</sup> Grade, 6<sup>th</sup> Grade 9<sup>th</sup> Grade, and all newly enrolled students who have not had a physical examination within the past twelve (12) months. The physical Examination must be complete 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 \_\_\_\_\_

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| <p>St. Alban Roe Catholic School<br/>2005 Shepard Road<br/>Wildwood, MO 63038<br/>Phone: 636-458-6084<br/>nurse@stalbanroe.org</p> | <p>PLEASE ATTACH A COPY OF<br/>IMMUNIZATION RECORD</p> |
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