

Name \_\_\_\_\_

### Physical Exam - TO BE COMPLETED BY EXAMINER

**Hearing**  Normal  Abnormal If abnormal, please explain \_\_\_\_\_

**Vision** Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_  Wears Glasses  Wears Contacts

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BP:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_

	Normal	Abnormal/Comments
General Appearance		
Nutrition/ Body Mass Index		
Skin		
Head		
Eyes		
Ears		
Nose, Throat and Teeth		
Lymph Nodes/Thyroid		
Lungs		
Heart		
Abdomen		
Genitalia		Tanner: I. II. III. IV. V
Musculoskeletal		<b>Scoliosis:</b> Negative Positive
Neurological		

### Physical Education/Sports Consideration

- Physically qualified for sports or full physical education OR only as checked below:**  
\_\_\_ Contact collision (football, soccer, wrestling, basketball, field hockey, lacrosse, water polo, ice hockey)  
\_\_\_ Limited contact (baseball, cheerleading, volleyball, track and field)  
\_\_\_ Non-contact strenuous (running, tennis, dancing, golf, jumping rope, swimming, walking, weight lifting)

**Known or suspected disability:** \_\_\_\_\_

**Restrictions/Recommendations:** \_\_\_\_\_

**Referral for further evaluation:** \_\_\_\_\_

**Physician/Provider's Signature:** \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_  
**Physician/Provider's Name (print):** \_\_\_\_\_

**\*\*Date must be after 2/1/2019\*\***

### Immunization Record

DPT	POLIO	MMR	HEP B	VARICELLA
1	1	1	1	1
2	2	2	2	2
3	3		3	MCV
4		TDAP	PPD/TB	1
5		1	1	2

**\*PPD/TB Test is REQUIRED BY JOHN BURROUGHS SCHOOL for 8<sup>th</sup> GRADERS for service projects throughout the year. MUST BE COMPLETED AFTER NOVEMBER 1<sup>st</sup>, 2018.**