

Sant Bani School
PHYSICIAN'S EXAMINATION FORM – To be filled out by examining physician

Physical examination by a licensed physician is required each year after May 1st of the preceding school year and is good through June 30th of the current school year. **Each new student, or students entering grade 4, 7, 9 or 11 and/or participating on a sports team must have a physical exam as well.**

STUDENT NAME: _____

HEIGHT: _____ WEIGHT: _____ SEX: M F AGE: _____ DOB: _____

BP: _____/_____ PULSE: _____ AUDIOGRAM: _____

VISION: corrected (L) _____ (R) _____ Both _____

uncorrected(L) _____ (R) _____ Both _____

	Normal	Abnormal		Normal	Abnormal
Eyes			Cervical spine/ neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm & Elbow		
Teeth			Wrist & Hand		
Skin			Knees & Hips		
Lymphatic			Ankle		
Lungs			Feet		
Heart					
Peripheral Pulses					
Abdomen					

Please indicate any significant pre-, peri-, or post-natal findings that could influence this student's adaptation to school or sports.

Please indicate any special health needs/chronic illnesses this student has.

Are there any hospitalizations, operations, special tests of which we should be aware?

Is there any medical reason for this student's activities to be limited?

Please list all medications this student currently takes.

Please attach immunization records.

Date of Physical Exam: _____ Physician's Signature: _____

Physician's Name and Address: _____

Phone #: _____

ATHLETICS PARTICIPATION:
Stop here if the student is in grades kindergarten through 4th.

I have reviewed the data above, and reviewed his/her medical history and make the following recommendations for his/her participation in athletics.

- Cleared without restrictions
- Cleared after further evaluation/treatment for : _____

Not cleared for participation in athletics (state reason): _____

Other recommendations: _____

Date of Physical Exam: _____ Physician's Signature: _____