

Name _____
(Last) (First) (Middle)

Birthdate _____ Gender _____ Grade _____ CIF _____

6th – 12th Grade HEALTH EXAMINATION

 Allergies _____
 Routine Medications _____

TYPE OF VACCINE	1 st Dose MM/DD/YY	2 nd Dose MM/DD/YY	3 rd Dose MM/DD/YY	4 th Dose MM/DD/YY	5 th Dose MM/DD/YY
DPT (Diphtheria, Pertussis, Tetanus)					
Td (Tetanus, Diphtheria booster)					
POLIO					
MMR (Measles, Mumps, Rubella)					
HEPATITIS B					
VARICELLA					
HIB (Haemophilus Influenza b)					

Legal Exemptions on Reverse

	Normal	Abnormal
Eyes		
cover test		
corneal reflection		
Ears		
Mouth – teeth		
Throat		
Nose		
Lymph nodes		
Thyroid		
Heart		
Pulses		
Lungs		
Abdomen		
Hernia		
Genito-urinary		
Tanner I II III IV V		
Musculoskeletal		
Spine		
Extremities		
Feet		
Skin		
Neurological		
Nutritional status		
Emotional status		
Speech		

Height _____ ins. Weight _____ lbs. Blood Pressure _____ / _____

Vision R 20/____ L 20/____ Corrected _____ yes _____ no

Hearing _____ Hearing aid _____ yes _____ no

	500 (25)	1000 (20)	2000 (20)	4000 (20)
Right				
Left				

	Date	Results
Hemoglobin		
Urinalysis		
Tuberculin (PPD)		mm
Chest x-ray		
Blood lead level		

→ REQUIRED FOR SPORTS

Any student who intends to participate in interscholastic athletics and/or cheerleading activities must have on file in the school, a record of a physical examination performed by a licensed health professional within the previous three years, with an indication of permission to participate in inter-school athletics.

	Permitted	Restricted	Restricted activity
Physical ed. class			
Inter-school athletics			
Contact sports			
Non-contact sports			

 There is a condition that may result in an emergency: No _____ Yes _____
 There is a condition that may interfere with learning: No _____ Yes _____
 (if yes, elaborate below)

Please elaborate on any abnormal findings or chronic conditions.

Problem	Assessment	Plan

Note: a separate form is required for all medication and treatment orders.

 Signature of Health Care Provider

 Print name

 Date of physical

 Clinic name

 Phone

 Current date