

SCHOOL PHYSICAL EXAMINATION AND HEALTH HISTORY FORM

Note: This form must be completed by the parent/guardian and a licensed medical examiner before school entry.

PART 1: STUDENT INFORMATION (To be completed by parent/guardian)

Student's Full Name: <input style="width: 90%;" type="text"/>	Date of Birth (MM/DD/YYYY): <input style="width: 80%;" type="text"/>	Gender: <input style="width: 80%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	Grade Level: <input style="width: 80%;" type="text"/>	School Year: <input style="width: 80%;" type="text"/>
Parent/Guardian Name: <input style="width: 90%;" type="text"/>	Primary Phone Number: <input style="width: 80%;" type="text"/>	Emergency Contact Phone: <input style="width: 80%;" type="text"/>

PART 2: STUDENT HEALTH HISTORY (To be completed by parent/guardian)

Please indicate if your child has ever had any of the following conditions (Write "Yes" or "No" and provide details):

Condition	Yes / No	Explanation / Details / Medications
Asthma / Respiratory problems	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Severe Allergies (Food, Medication, Insect bites)	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Diabetes	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Seizures / Epilepsy	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Heart Conditions / High Blood Pressure	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Vision or Hearing difficulties	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Mental Health / Behavioral issues (ADHD, Anxiety, etc.)	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Past Surgeries or Major Hospitalizations	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Currently taking any daily medications?	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>

PART 3: PHYSICAL EXAMINATION (To be completed by a licensed medical examiner)

A. Screening Metrics

Height (inches/cm): <input style="width: 90%;" type="text"/>	Weight (lbs/kg): <input style="width: 90%;" type="text"/>	Blood Pressure: <input style="width: 90%;" type="text"/>	Pulse / Heart Rate: <input style="width: 90%;" type="text"/>
Vision - Right Eye: <input style="width: 90%;" type="text"/>	Vision - Left Eye: <input style="width: 90%;" type="text"/>	Corrected with glasses? <input style="width: 90%;" type="text"/>	Hearing Screening: <input style="width: 90%;" type="text"/>

B. Clinical Evaluation

System / Body Part	Status (Normal / Abnormal)	Abnormal Findings / Comments
Appearance / Skin	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>
Eyes, Ears, Nose, Throat	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>

Mouth / Teeth	<input type="text"/>	<input type="text"/>
Lymph Nodes	<input type="text"/>	<input type="text"/>
Heart (Murmur, Rhythm)	<input type="text"/>	<input type="text"/>
Lungs / Chest	<input type="text"/>	<input type="text"/>
Abdomen (Hernia, Organs)	<input type="text"/>	<input type="text"/>
Musculoskeletal (Scoliosis, Spine)	<input type="text"/>	<input type="text"/>
Neurological (Reflexes, Balance)	<input type="text"/>	<input type="text"/>

PART 4: MEDICAL CLEARANCE & RECOMMENDATIONS

Is the student cleared for full participation in all school activities, including physical education and competitive sports?

Clearance Status (Write "Fully Cleared", "Cleared with Restrictions", or "Not Cleared"):

Specify any restrictions, accommodations, or special instructions:

Allergies / EpiPen Required? (Write "Yes" or "No" and action plan if applicable):

Inhaler Required? (Write "Yes" or "No" and instructions):

PART 5: SIGNATURES AND PROVIDER INFORMATION

Medical Examiner Name (Printed): <input type="text"/>	Professional Title (MD, DO, NP, PA): <input type="text"/>
Clinic/Office Name & Address: <input type="text"/>	Clinic Phone Number: <input type="text"/>
Medical Examiner Signature: <input type="text"/>	Date of Examination: <input type="text"/>

Parent/Guardian Signature (Consent for school health services):

Date: