



STANDARD PHYSICAL EXAMINATION FORM
 To be completed by a Licensed Physician
 Mandatory for Re-enrolling Students Entering Grade 1 and Grade 9

We **RECOMMEND** that all children have a physical examination every year, especially those who compete in strenuous activities and sports.

Name _____ Incoming Grade _____ Age _____ Sex _____

Height (cm) _____ Weight (kg) _____ Blood Pressure _____ Vision: R _____ L _____ Both _____ Blood type _____
OPTIONAL

Please review the following areas:	Normal	Abnormal	DESCRIPTION (Attach additional sheets if necessary)
1. Head, Eyes, Ears, Nose, Throat			
2. Respiratory			
3. Cardiovascular			
4. Gastrointestinal			
5. Hernia			
6. Genitourinary			
7. Musculoskeletal			
8. Metabolic/Endocrine			
9. Neurological/psychiatric			
10. Skin			
11. Mammary			

Findings/Comments: _____

Recent Vaccinations: _____

Able to participate in physical education activities: No Yes

Restricted from certain sports: _____

<u>PROVIDER INFORMATION</u>			
Physician's Printed Name	Signature and Title	License Number	Date
Address		Office Phone Number	