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		**Scoliosis:** 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): _____ Phone: _____

Immunization Record

DPT	POLIO	MMR	HEP B	VARICELLA
1	1	1	1	1
2	2	2	2	2
3	3		3	**CHICKEN POX**
4		**TDAP**	**PPD/TB**	Date of Disease
5		1	1	1

***PPD/TB Test is REQUIRED BY JOHN BURROUGHS SCHOOL for 8th graders for service projects throughout the year. MUST BE COMPLETED AFTER MAY 1ST, 2011.**
***TDAP is now required for students enrolled in grades eight and nine who have completed the recommended childhood DTap/DTP vaccination series. For grades, 10-12, a Tdap or TD booster is required ten years after the last dose of DTaP, DTP or DT.**