

Krieger Schechter Middle School
PHYSICAL EXAMINATION

To be completed by PHYSICIAN for ALL Middle School Students

Student's Name: _____

Entering Grade: _____

HEIGHT & WEIGHT

BP & HR

VISION

Corrected? Y or N

Height _____ in.

BP _____

Left Eye

20 / _____

Weight _____ lbs.

HR _____

Right Eye

20 / _____

MEDICAL	NORMAL	OTHER FINDINGS	Initials
Appearance			
Nutrition			
Allergies			
Eyes/Ears/Nose/Throat			
Head			
Heart/Pulses			
Lungs/Breathing			
GI			
GU			
Neurological			
Endocrine			
Skin			
Behavior/Adjustment			
MUSCULOSKETETAL			
Neck/Back			
Shoulder/Elbow/Arm			
Wrist/hand			
Hip (thigh)			
Knee/Leg/Ankle/Foot			

Are there any additional aspects of this child's mental or physical condition not mentioned above of which you think the school should be aware? If so, what? _____

Record date of most recent: Tetanus ___/___/___

PPD ___/___/___

This student is hereby:

CLEARED You consider this student physically able to engage in all sports and athletic activity.

CLEARED W/ LIMITATIONS Please explain any limitations or follow-up exam(s) you advise.

NOT CLEARED Please explain your reasons for disqualifying this student from activity.

PHYSICIAN: All forms must be signed by student's physician. Parent signature is not valid.

Name (Printed): _____

Phone: _____

Physician Signature: _____

Date: ___/___/___