

Krieger Schechter Middle School
PHYSICAL EXAMINATION

To be completed by PHYSICIAN for ALL Middle School Students

Student's Name: _____

Entering Grade: _____

HEIGHT _____ ins.

BP _____

VISION Corrected? Y or N

WEIGHT _____ lbs.

HR _____

Record date of most recent Tetanus: _____. (month, date, year for all immunizations)

Students enrolling in 7th grade must record date of Tdap _____ and MC4 _____ received after age 7.

MEDICAL	NORMAL	OTHER FINDINGS	Initials
Appearance			
Nutrition			
Allergies			
Eyes/Ears/Nose/Throat			
Head			
Heart/Pulses			
Lungs/Breathing			
GI			
GU			
Neurological			
Endocrine			
Skin			
Behavior/Adjustment			
MUSCULOSKELETAL			
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? _____

I find this student physically able to participate in physical education class (5th thru 8th grade), strenuous sports, including intramural and interscholastic sports (5th thru 8th grade), subject to limitations or restrictions noted below, for the 2021-2022 school year.

LIST RESTRICTIONS OR LIMITATIONS:

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

Name (Printed): _____

Phone: _____

Physician Signature: _____

Date: ____/____/____