

7th GRADE ENTRANCE PHYSICAL EXAMINATION

Student Name: _____ Gender: M ___ F ___
Date of Birth: _____ Family Doctor or Clinic: _____

Weight: _____ Height: _____ Pulse: _____ Blood Pressure _____

Allergies: _____

General Body Build: _____ Skin Condition: _____

Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Teeth: _____
Neck: _____ Lungs: _____ Heart: _____ Chest: _____ Liver: _____
Spleen: _____ Spine: _____ Scoliosis Screening: _____

Abdominal Masses: _____ Neurological: _____

Optional at discretion of physician: HGB or HCT _____ Urinalysis _____

Significant health problems or comments: _____

List prescription medications that are taken daily (i.e. inhalers, stimulants, antidepressants, anticonvulsants, etc.):

Special instructions or special limitations:

Immunizations: ***Tdap booster** _____ **(Must contain pertussis booster)**

Other Vaccinations: _____

Participation recommendations:

1. _____ No athletic participation
2. _____ Limited participation (list specific exclusions on back of sheet)
3. _____ Full unlimited participation
4. _____ Clearance withheld until: _____

I hereby certify that _____ has been examined by me on ___/___/___.

Physician signature: _____