

# YUTAN PUBLIC SCHOOLS HEALTH EXAMINATION FORM

Last Name _____	First Name _____	Date of Birth _____	(M) _____ (F) _____ Sex
Address _____	City _____	State _____	Zip Code _____ Phone _____
School _____	Grade _____		
Parent or Guardian's Name (s) _____	Licensed Medical Provider _____	Provider Phone _____	

## PHYSICAL EXAMINATION

General Appearance _____	Height (in) _____	Weight (lb) _____
Temp _____	Blood Pressure _____	Heart Rate _____
Nutritional Status _____	Respirations _____	O2 Sat _____
Skeletal Development _____	Scalp & Skin _____	
Lymph Nodes _____	Scoliosis / Posture _____	
Ears _____	Neck _____	
Mouth _____	Nose _____	Throat _____
Heart _____	Teeth / Gums _____	Speech _____
Abdominal Exam _____	Rhythm _____	Lungs _____
Extremities (upper) _____		Hernia _____
Neurological Exam _____		Extremities (lower) _____
		Mental Health _____

Asthma \_\_\_\_\_ If Yes: Attach Current Asthma Action Plan May Self-Carry: Yes / No

VISION		HEARING					
ACUITY:	Right Eye _____	Left Eye _____	SCREENING RESULTS: PASS _____ FAIL _____				
	With / Without Correction		Audio Test	500	1000	2000	4000
HEALTH:	Amblyopia _____	Strabismus _____	Right Ear				
	Internal Eye Health _____	External Eye Health _____	Left Ear				

1. Is this child subject to any illness which may result in a classroom emergency? Yes / No  
If yes, please describe: \_\_\_\_\_

2. Is this child subject to any condition which limits: Physical Education Yes / No  
Competitive Sports Yes / No  
If yes, please describe: \_\_\_\_\_

3. Is this child taking any medication? Yes / No Please List: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Medical Provider

\_\_\_\_\_  
Date of Exam