

**MSAD #11 PHYSICAL EXAM FORM**

Date of exam: \_\_\_\_\_

STUDENT: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

GRADE (PLEASE CIRCLE ONE): 6 7 8 9 10 11 12

PHYSICAL EXAMMEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Asthma: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

Seizures / Epilepsy: \_\_\_\_\_

Skin: \_\_\_\_\_

Concussion: \_\_\_\_\_

Eyes: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Ears: \_\_\_\_\_

Heart: \_\_\_\_\_

Nose: \_\_\_\_\_

Fractures: \_\_\_\_\_

Neck / nodes: \_\_\_\_\_

Physical defects: \_\_\_\_\_

Mouth and oral hygiene: \_\_\_\_\_

Operations (type and date): \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Accidents or recent illness (type and date): \_\_\_\_\_

Abdomen: \_\_\_\_\_

Tanner stage \_\_\_\_\_

Does the student take medication

Bones and joints: \_\_\_\_\_

regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Scoliosis: \_\_\_\_\_

If yes, please list \_\_\_\_\_

Other: \_\_\_\_\_

ANY IMMUNIZATIONS GIVEN TODAY / WITHIN THE YEAR (please list type and dates) \_\_\_\_\_

Any medical concerns that the school or a coach should be aware of: \_\_\_\_\_

Clearance for participation in Phys Ed classes? Yes \_\_\_\_\_ No \_\_\_\_\_

Clearance for participation in sports? Yes \_\_\_\_\_ No \_\_\_\_\_

Print Health Care Provider name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_