

# NATRONA COUNTY SCHOOL DISTRICT SCHOOL PHYSICAL EXAM FORM

PHYSICIAN'S STATEMENT MUST BE DATED AFTER MAY 1 TO BE VALID FOR THE UPCOMING SCHOOL YEAR

**RED Areas Are to Be Completed by Parent and Student Prior to Physical Examination**

**STUDENT INFORMATION**

**School:** \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade Entering:** \_\_\_\_\_ **Gender:**  Male  Female

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **% Body Fat (optional):** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **BP:** \_\_\_\_\_

**Vision:** R 20/\_\_\_\_ L 20/\_\_\_\_ **Corrected:**  Yes  No **Pupils:** Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL*	ABNORMAL FINDINGS
Appearance	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Lymph Nodes	_____	_____
Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Genitalia (males only)	_____	_____
Skin	_____	_____

MUSCULOSKELETAL	NORMAL *	ABNORMAL FINDINGS
Neck	_____	_____
Back	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Hip/Thigh	_____	_____
Knee	_____	_____
Leg/Ankle	_____	_____
Foot	_____	_____

\*Normal by check (✓) or No

Cleared

\*Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for : \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

**Physician's Name (print/type):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature of Physician:** \_\_\_\_\_  MD  DO

