

NOT TESTED

NOT TESTED

GENERAL
APPEARANCE

HEAD

EYES

EARS

NOSE

LUNGS

TONSILS/THROAT

TEETH

LYMPH NODES/
THYROID

MUSCULOSKELETAL

SKIN

HEART

ABDOMEN

HERNIA

GENITALIA

NERVOUS
SYSTEM

PPD

LEAD SCREENING

EXAM ENTIRELY NORMAL

Tanner

I.

II.

III.

IV.

V.

Scoliosis

Negative

Positive

MEDICATIONS

Medications (list all)

none

IS MEDICATION REQUIRED IN SCHOOL?

YES

NO

Name

Dosage/Time

Name

Dosage/Time

I assess this child to
be self-directed

yes

no

Student may self carry and self
administer medication

yes

no

COMPETITIVE SPORTS

This certifies that

is physically qualified to participate in sports

competition during the school year

Please indicate below the most strenuous category in which the student is eligible to participate

Contact/Collision hockey, lacrosse,football,soccer,wrestling

Limited Contact baseball,basketball,softball, volleyball, cheerleading

Strenuous Non-Contact cross-country, track/field, tennis

Non-Strenuous Non-Contact archery, golf, rifle

PROVIDER'S
SIGNATURE

DATE

PROVIDER'S
NAME/ADDRESS