

BELVIDERE SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM

Date: _____

Grade: _____

Last Name

First Name

Middle

Age

Address

Phone #

Sex: _____ Height: _____ Weight: _____

MEDICAL HISTORY

Please include details regarding serious illness, operations, injuries, accidents, diseases, abnormal labs, Tb reaction, x-rays, etc.

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1. Is this child capable of carrying a full program of school work, including physical education?
 2. Will this child require modifications to the school program? If so, specify.
 3. Is the child under treatment? _____yes (explain above) _____no

Immunization records:

DTP series 1. _____ 2. _____ 3. _____ 4. _____ Boosters _____ Tdap _____

Polio 1. _____ 2. _____ 3. _____ 4. _____

Measles, Mumps, Rubella 1. _____ 2. _____

Hepatitis B 1. _____ 2. _____ 3. _____

HIB 1. _____ 2. _____ 3. _____ 4. _____

Varicella (Chickenpox) vaccine 1. _____ 2. _____

Meningococcal vaccine 1. _____

Pneumococcal 1. _____ 2. _____ 3. _____ 4. _____

Date of Physical Examination: _____

Nutrition_____

General Body Type_____

Posture (Presence or absence of scoliosis)_____

Skin_____

Eyes_____

Ears_____

Nose_____

Mouth/Teeth_____

Pharynx/tonsils_____

Thyroid_____

Lymph Glands_____

Breasts_____

Lungs_____

Heart_____

Blood Pressure_____ Pulse: (at rest)_____ After exercise:_____

Abdomen_____

Hernia_____

Pilonidal Sinus_____

Genitalia (male)_____

Skeleton_____

Feet_____

Reflexes_____

Physician/Provider Signature:_____ Stamp:_____