NEW STUDENT HEALTH AND PHYSICAL EXAM FORM

HEALTH HISTORY (to be filled out by PARENT/GUARDIAN)

Student's Name: _____ Birth Date: _____ Sex _____M _____F

Grade: _____ Languages Spoken at home: _____

Parent / Guardian Name: _____

HEALTH HISTORY

Does the student have or have had any of the following medical conditions:

DISEASE HISTORY	Yes	NO	DISEASE HISTORY	Yes	No
Asthma			Diabetes		
Seasonal Allergies			ADHD/ ADD		
Chronic Otitis Media			Autism Spectrum Disorders		
Lyme Disease			Concussions		
Hepatitis			Neuromuscular Disease		
Rheumatic Fever			Convulsive Disorder		
Strep Infections			Auto Immune Disorders		
Chicken Pox			Juvenile Rheumatoid Arthritis		
Mononucleosis			Congenital Disorders		
Influenza (Flu)			Hematologic Disorders		
Heart Disease			Vision Disorder		
Fractures			Hearing Disorder		

Please provide further details on any "yes" answers:
_____
_____
_____
_____
_____

Operations or Serious Hospitalizations:
_____
_____
_____

Current Medications (Name, Dose, Frequency and Reason used):
_____
_____
_____

Allergies: (Name, reaction to exposure)
Drug: _____
Food: _____
Environmental: _____

Any Other Additional comments or information that you would like to provide:
_____
_____
_____

PHYSICAL EXAM

Height:	Weight:		Pulse:	B/P:
Vision:	Uncorrected		Right:	Left:
Vision:	Corrected		Right:	Left:
Hearing Screen:			Right:	Left:
	Normal Exam	**Abnormal Findings:**		
Head				
Eyes				
Ears				
Nose				
Throat				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Hernia				
Genitalia				
Skin				
Orthopedic				
Scoliosis				
Neurological				
Speech				
Nutrition				

Physical Exam Comments:

_____
_____
_____

Any Limitation of Activity or other Recommendations?   ☐ No   ☐ Yes (Please define):

_____
_____

1. If the student will be required to have medications at school such as an Epi-Pen, Asthma inhalers, and other medications for chronic Please fill out the appropriate medication packets.

2. Please attach a copy of the student's immunization records, and include any recent TB screening results.

Physician Signature: _____ Date: _____
Name and Address Stamp: