

Date of Physical Exam: _____ **THIS SIDE TO BE COMPLETED BY PHYSICIAN**

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BMI _____ B/P _____ / _____ Pulse: _____

Vision R 20 / _____ L 20 / _____ Corrected Y N **Hearing** R _____ L _____

	Normal	Abnormal findings
HEENT		
Cardiopulmonary		
Pulses		
Heart		
Lungs		
Tanner Stage		1 2 3 4 5
Skin		
Abdominal		
Genitalia		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE: Cleared for PE and sports: _____ NOT cleared for PE and sports: _____

Diagnosis: 1. _____ 2. _____ 3. _____

IMMUNIZATION HISTORY List Dates

	1	2	3	4	5	Booster
D.P.T						
Polio						
M.M.R.						
Hib						
HBV						
Varivax						
Pprevnar						
MeningococcaVaccine						
Hepatitis A						
Influenza						

Recent Mantoux Test: Type _____ Date given _____ Results _____

Physician Signature: _____ Date _____

Physician Office Stamp Required _____