STANDARD PHYSICAL EXAMINATION FORM

To be completed by a Licensed Physician

Mandatory for Re-enrolling Students Entering Grade 1 and Grade 9

We RECOMMEND that all children have a physical examination every year, especially those who compete in strenuous activities and sports.

Name: _____ Incoming Grade: _____ Age: _____ Sex: _____

Height (cm):_____ Weight (kg):_____ Blood Pressure: _____ Far Vision: R_____L_____Near Vision: R_____L_____

Please review the following areas:	Normal	Abnormal	DESCRIPTION (Attach additional sheets if necessary)
1. Head, Eyes, Ears, Nose, Throat			
2. Respiratory			
3. Cardiovascular			
4. Gastrointestinal			
5. Hernia			
6. Genitourinary			
7. Musculoskeletal			
8. Metabolic/Endocrine			
9. Neurological			
10. Psychiatric/ Attention Disorder			
11. Skin			

Findings/Comments: _____

_____

_____

Recent Vaccinations:_____

_____

Able to participate in physical education activities: ❑ *No* ❑ *Yes*

Restricted from certain sports: _____

PROVIDER INFORMATION

_____

Physician's Printed Name | Signature and Title | License Number | Date

_____

Address | Office Phone Number