

**WHITESBORO CENTRAL SCHOOL  
STUDENT PHYSICAL EXAMINATION FORM**

**Student's Name** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

Check if normal – Describe if abnormal:

Eyes	_____	<b>Tanner Stage</b>	_____
Ear	_____	Genitourinary	_____
Nutrition	_____	Epilepsy	_____
Teeth	_____	Speech	_____
Gums	_____	Lymph Nodes	_____
Tonsils	_____	Thyroid	_____
Adenoids	_____	Orthopedic	_____
Nose	_____	Structural Defects/ Scoliosis	_____
Heart	_____	Posture	_____
Dx	_____	Feet	_____
Restrictions	_____	Nervous System	_____
Lungs	_____	Emotional Status	_____
Skin	_____	General Condition	_____
Hernia	_____	Allergies	_____

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

BMI: \_\_\_\_\_ Percentile: \_\_\_\_\_

List any significant medical problems including illnesses, communicable diseases, any serious injuries or surgical procedures during the past year:

\_\_\_\_\_

Is student cleared for participation in all sports/gym? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate any sport/activity student is unable to participate in and why:

\_\_\_\_\_

List current medication including inhalers: \_\_\_\_\_

**Immunizations:**

Tdap \_\_\_\_\_ Most recent Tetanus booster: \_\_\_\_\_

Varivax \_\_\_\_\_ (date) Varicella \_\_\_\_\_ (verified date)

Hepatitis B Vaccine (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**Diagnostic Procedures:**

Most recent Tuberculin test (mantoux): \_\_\_\_\_ Result: \_\_\_\_\_

Urinalysis: albumin \_\_\_\_\_ glucose \_\_\_\_\_

Other: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_