PHYSICAL EXAMINATION FORM

In accordance with the Archdiocese of Saint Louis Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or a physician's assistant (PA), or nurse practitioner (NP), working under a collaborative practice agreement with a licensed physician.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have a physical form on file at school by the first day of school.

School			Grade				
Student's Name			DOB		M or F	M or F	
Date of Examin	ation						
Height	Weight	BMI	_ BP	Pulse_			
General Appea	arance						
Nutrition Nose Abdomen Back Lungs Genitalia Extremities Heart Neck				Head		Throat	
Physician Com	ments & Recommen	dations – Give De	etails of Ma	nagement of Si	gnificant Illn	esses	
Should Physica	arry a Full Program o I Activity Be Restrict	ed?	Yes Yes	No No		ircle one)	
	ype of Test			R	L	Both	
Vision Test: Typ	e of Test			R	L	Both	
Physician Signa	iture	Date					
Print Physician	Name						
			PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD				

Office Stamp