PHYSICAL EXAMINATION FORM

(To be completed and signed by Physician / Nurse Practitioner / Physician Assistant)

Name: _________________________________ DOB: _______________ Age: _______ Examination Date: ________________

Height: _________ Weight: _________ BP: _________ Pulse: _________ Temp: _________

Vision: ______ WNL ______ Glasses ______ Contacts Were immunizations given today? _____ No _____ Yes

Has the student tested positive for COVID-19? _____ No _____ Yes Date of diagnosis? __________________

Has the student been vaccinated for COVID-19? _____ No _____ Yes Date of vaccinations: Dose 1 ____________ Dose 2 ____________

Vaccine name? ______________________________________

***If immunizations were given today, OR student is new to the school, please attach an updated immunization record.**

PE FINDINGS

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	☐	☐	☐	Mobility	☐	☐	☐
Behavior/Adjustment	☐	☐	☐	Musculoskeletal/Orthopedic	☐	☐	☐
Cardiac/Murmur	☐	☐	☐	Neurological	☐	☐	☐
Dental	☐	☐	☐	Nutrition	☐	☐	☐
Endocrine	☐	☐	☐	Physical Illness/Impairment	☐	☐	☐
ENT	☐	☐	☐	Psychosocial	☐	☐	☐
GI	☐	☐	☐	Respiratory	☐	☐	☐
GU	☐	☐	☐	Skin	☐	☐	☐
Immunodeficiency	☐	☐	☐	Other:	☐	☐	☐

REMARKS: *(Please explain any abnormal findings.)*

____

Allergies: ____

List of any Medications: ____

____

Does the student have a health condition, which may require **EMERGENCY ACTION** or **ongoing monitoring while at school?**
_____ Yes _____ No

Explain: ____

____

____

The student named at the top of this form has been ______ **CLEARED OR** ______ **NOT CLEARED** to participate in all physical activities/sports at Mercy High School without restrictions.

If **not** cleared for **all** physical activity without restrictions, the specified activities which I recommend she **DOES NOT** participate in are:

____

____________________________________ / Date: ____________ ____________________________________

SIGNATURE OF MEDICAL EXAMINER MD, NP, PA Name, Address & Phone of Examiner (print/stamp)