Physical Assessment Form
2022-2023

Name_____ Date of Birth_____ Grade ___

PHYSICIAN CLEARANCE IS REQUIRED FOR PARTICIPATION IN ALL ACTIVITIES, AND SPORTS AT ALL GRADE LEVELS ANNUALLY

☐ **Cleared for full participation**

☐ **Cleared with restrictions:** _____

☐ **May not participate (reason):** _____

Physician Signature: Date:	Office Stamp

To be completed by the Physician:

Date of Exam: _____

Height: _____ inches
Weight: _____ lbs.
BP: ____/____

Scoliosis Screening: ☐ Pass ☐ Fail
Hearing Test: ☐ Pass ☐ Fail
Vision Test: ☐ Pass ☐ Fail

Allergies: _____

☐ Epinephrine is prescribed for anaphylactic reaction and must be available at school*.

History of anaphylaxis: ☐ Yes ☐ No

History of Asthma: ☐ Yes ☐ No

Medications taken on a regular basis: _____

Medications required at school*: _____

*Please complete the form **"Physician Order for Prescription Medication in School"**

Current Health Problems: (please check all that apply)

☐ ADHD-Inattentive
☐ ADHD-Hyperactive
☐ Anxiety
☐ Asthma
☐ Athletic injury
☐ Bleeding disorder
☐ Cardiac problem
☐ Concussion Date _____
☐ Depression
☐ Developmental delay
☐ Diabetes
☐ Gastrointestinal problem
☐ Hearing problem
☐ Headaches
☐ History of Fainting
☐ Liver or Kidney problem
☐ Migraines
☐ Musculoskeletal problem
☐ Neurological problem
☐ Respiratory problem
☐ Seizures or convulsions
☐ Skin problem
☐ Speech problem
☐ Surgical history
☐ Vision problem
☐ Other

Details of health problems you have checked as needed _____

This student is current with all recommended immunizations. ☐ Yes ☐ No

Please upload immunization record to Magnus account under IMMUNIZATION REQUIREMENT.