



APPENDIX 1 3.1 **PHYSICAL EXAMINATION FORM**

In accordance with the recommendations of the Saint Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Pre-School, 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 medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

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 has this form on file at school by the first day of school.

School: **St. Monica Catholic School** Grade _____

Student’s Name _____ DOB _____ M or F _____

Date of Examination _____

Height _____ Weight _____ BP _____ Pulse _____ BMI _____

General Appearance:

Nutrition _____ Nose _____ Abdomen _____ Skin _____ Mouth _____ Back _____

Lungs _____ Genitalia _____ Head _____ Throat _____ Extremities _____ Heart _____

Neck _____ Eyes _____ Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses:

Can Student Carry a Full Program of School Work? Yes/ No

Should Physical Activity Be Restricted? Yes/ No (circle one)

If so, please explain _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature _____ Date _____

Print Physician Name _____

Office Stamp



PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD