Lorain City Schools

PHYSICAL EXAMINATION

Student_____ Address_____
Last First Middle Initial Parent's

Date of Birth_____ Place of Birth_____ Parent_____
Name

I have examined this child and advised the parents as to the best procedure to follow to safeguard and improve health. The following are the important findings:

Code: 0 - no defect: X - slight defect: XX - XXX grading denotes seriousness of defect:
00 - Condition has been corrected T - Now treating.

HT _____
WT _____
Vision R 20/ _____ L 20/ _____
Hearing R/ _____ L/ _____
Ears _____
Speech _____
Nose _____
Tonsils & Adenoids _____
Glands _____

Nutrition _____
Heart _____
Lungs _____
Skin _____
Posture _____
Extremities _____
Nervous System _____
G.U. _____

Blood Pressure _____
Hernia _____
Abdomen _____
General _____
Appearance _____
Misc. _____
_____

D.P.T.	#1_____	#2_____	#3_____	#4 _____	#5_____	#6 _____
Polio	#1_____	#2_____	#3_____	#4 _____	#5_____	
MMR	#1_____	#2_____	#3_____	#4 _____		
HIB	#1_____	#2_____	#3_____	#4 _____		
HBV	#1_____	#2_____	#3_____	#4 _____		
Chicken pox	#1_____	#2_____				
Tdap	#1_____	#2_____				
Meningococcal	#1_____	#2_____				

Date of Communicable Diseases: Chicken pox ____/____/___ Scarlet Fever ____/____/___ Others____/____/_____

Past Surgical History / Medical conditions: _____

Current Medications / Treatments: _____

History of Asthma / Treatment / Medications: _____

Allergies / Medications: _____

Should there be any limitations placed on athletic participation? Yes _____ No _____
Recommendations:_____

All physicals are good for one full year from the date.

I certify that I have on this date examined this student, and that on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (note exceptions above).

_____ Physician's Signature _____
Physician's name & address (stamp or print)

Physician's Phone No. _____ Date _____