PHYSICAL EXAM
2020/2021 School Year

Student _____ Grade entering K____5____7____

Sex M_____F_____ Date of Birth _____

Parent(s)Guardian _____

Address _____ City _____ Zip Code _____

_____

To be completed by examining physician:

Height_____ Weight _____ Blood Pressure _____

Visual Acuity: Right 20/_____Left 20/_____ With Correction _____ Without Correction_____

Physical findings significant to the school:

_____

_____

_____

Classification physical activities:

_____ Unrestricted activity

_____ Moderate restriction (specify including duration):

_____

_____ Definitely restricted…Indicate type and duration on reverse side.

Other recommendations or comments:

_____

_____

_____

Physician's name (print) _____ **Phone** _____

Address _____ **City/Zip Code** _____

Physician's signature _____ **Date** _____