

# GVCS PRESCHOOL – 12<sup>TH</sup> GRADE REGULAR PHYSICAL EXAMINATION 2023-2024

## This physical form is for students *NOT* participating in sports

(Must be completed by a licensed medical professional)

Last Name	First Name	School	Grade
Birthdate	Sex	Phone	
Parent's Name (or guardian)	Address	Zip Code	

### ILLNESS

Allergy	Heart Disease
Allergy to medications	Measles
Asthma	Mumps
Bleeding problems	Meningitis
Cancer	Mono
Chickenpox	Rheumatic Fever
Diabetes	Tuberculosis
Epilepsy/Seizures	Whooping Cough
Other illnesses and Surgery	

✓ = Normal or negative

### PHYSICAL EXAMINATION

Appearance _____	Ears _____	Hernia _____
Posture _____	Nose _____	Back _____
Nutrition _____	Throat _____	Musculoskeletal _____
Development _____	Lymph nodes _____	Blood Pressure _____
Neurological _____	Thyroid _____	Urine Analysis _____
Speech Defect _____	Heart _____	Hemoglobin _____
Skin _____	Lungs _____	Height _____
Hair & Scalp _____	Abdomen _____	Weight _____
Eyes & Vision _____	Genitalia _____	Other _____

Chronic disease \_\_\_\_\_

Medications \_\_\_\_\_

Physical Education Program: Full \_\_\_\_\_ Limited \_\_\_\_\_ None \_\_\_\_\_

Reason for Limitations \_\_\_\_\_

Physician's Comments & Recommendations: \_\_\_\_\_

Important Medical Information \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

\*\*\*IMMUNIZATION CARD MUST BE ATTACHED TO THIS PHYSICAL\*\*\*