

GVCS PRESCHOOL – 12TH GRADE REGULAR PHYSICAL EXAMINATION
physical form is for students *NOT* participating in sports

School Year _____

(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*****