

**ST. PIUS X SCHOOL  
STUDENT PHYSICAL/HEALTH EXAMINATION  
RECORD AND HISTORY**

<b>Student Name</b>	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>Male</b>	<b>Female</b>	<b>Date of Birth (M/D/Y)</b>
					<input type="checkbox"/>	<input type="checkbox"/>
						/ /
<b>Parents/Guardian</b>						<b>Grade:</b>
<b>PHYSICAL EXAM TO BE COMPLETED BY PHYSICIAN</b>						<b>DATE OF EXAM:</b> _____

ASSESSMENT	NORMAL	ABNORMAL	COMMENT/TREATMENT
Height			
Weight			
Blood Pressure			
Skin			
Eyes			
Ears			
Nose			
Throat			
Dental			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genito-urinary			
Neurological			
Musculo-skeletal			
Postural/Scoliosis			
Extremities			
Gait			
Nutritional Status			
Other			
Health History (serious or chronic illnesses/injuries/surgeries):			
<b>Special screening tests done at doctor's discretion</b>			
	<b>Date</b>	<b>Result</b>	
Urinalysis			
Hgb			
Hct			
Lead			
Vision			
Hearing			
Other/_____			

(OVER →)

**ST. PIUS X SCHOOL  
STUDENT PHYSICAL/HEALTH EXAMINATION CONTINUED**

<b>STUDENT NAME:</b> _____ <b>GRADE:</b> _____			
<b>Allergies:</b> <input type="checkbox"/> NKA <input type="checkbox"/>			
<b>Medications:</b>			
<b>Is this child able to participate fully in:</b>			
Classroom and academic activities		<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes
Competition athletics		<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If limitations are advised, please specify:</b>			
<b>Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
<b>INFORMATION ON THIS FORM MAY BE SHARED WITH APPROPRIATE PERSONNEL FOR HEALTH AND EDUCATION PURPOSES.</b>			
<b>Physician Name (stamped or printed)</b>			<b>Phone</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Physician signature</b>			<b>Date</b>