

Physical Exam Form for School

Student Information:

Full Name: _____

Date of Birth: _____

Grade/Class: _____

School Name: _____

Parent/Guardian Name: _____

Contact Number: _____

Medical History:

Allergies: _____

Chronic Conditions: _____

Previous Hospitalizations: _____

Immunizations Up to Date: Yes No

Physical Exam Details:

Height: _____

Weight: _____

Blood Pressure: _____

Vision: Normal Corrective Lenses Required

Hearing: Normal Hearing Aid Required

Doctor's Observations:

General Health: _____

Recommendations: _____

Consent and Certification:

Parent/Guardian Signature: _____

Date: _____

Physician's Name: _____

Physician's Signature: _____