

Saint David's School
12 East 89th Street • New York, NY 10128

PHYSICAL EXAMINATION
(to be completed by physician)

Student's Name _____ **Date of Birth** _____

VITAL SIGNS AND SCREENINGS

Height _____ Weight _____ Vision: Right _____ Left _____

BP _____ Pulse _____ Hearing: Right _____ Left _____

Scoliosis screening _____

Lead Level (required for all **pre-school and kindergarten age children** by the Bureau of Day Care) _____ $\mu\text{g/dL}$

PAST MEDICAL HISTORY

Significant Past Illnesses/Dates (i.e – Chicken Pox, Fifth Disease, etc) _____

Surgical Operations/Dates _____

Fractures _____

CURRENT MEDICAL STATUS

Physical Exam: WNL _____

If abnormal, please describe _____

Allergies - Drug _____

Allergies – Food _____

Allergies – Environmental _____

Asthma: Pattern and Characteristics of Occurrence: _____

Peak Flow: _____ Medication(s): _____

Current Medical Problems _____

New Immunizations _____

RECOMMENDED ACTIVITY LEVEL: Full _____ Limited _____

If limited, please explain _____

I have examined this student and have found him physically fit to attend school and participate in physical education and/or sports activities.

Signature of Examining Physician _____ **Date** _____

***Office Stamp:**