

Holy Angels School Physical Examination Form

Section A: To be completed by parent before physical examination.

Name: _____ Grade: _____ Sex: M ___ F ___ Birthdate: _____

Allergies: _____

Illness: check and give dates of any that apply. **Handicaps:** check and give details of any that apply.

ADD/ADHD		Heart Trouble		Rheumatic Fever	
Asthma		Lyme Disease		Scarlet Fever	
Constipation		Menstruation		Speech Difficulty	
Diabetes		Migraine Headaches		Strep Throat	
Epilepsy/Seizures		Mononucleosis		Tuberculosis	
Frequent Ear Infections		Physical Handicaps		Urinary Difficulty	
Hearing Difficulty		Pneumonia		Vision Difficulty	

Additional information about your child (include accidents, illnesses and surgeries with dates):

Section B: To completed by examining physician. Please indicate condition by code and give details.

Code: X = No defect; 1 = Defect, correction or care not necessary; 2 = Defect, see remarks below.

B/P _____ Height _____ Weight _____

Nutrition		Ears		Neck		Hernia	
Scalp/Skin		Nose		Glands		Extremities	
Eyes		Throat		Heart		Nervous System	
Distant R/20		Teeth:Temp		Lungs		Posture	
Distant L/20		Teeth: Perm		Abdomen		Other	

Positive findings (include any additional pertinent history): _____

Recommendations (list any limitations of activity that the child should observe): _____

DTP/DT1	DTP/DT2	DTP/DT3	DTP/DT4	DTP/DT5
OPV/IPV1	OPV/IPV2	OPV/IPV3	OPV/IPV4	
MMR1	MMR2	HEPB1	HEPB2	HEPB3
HIB1	HIB2	HIB3	HIB4	OTHER
TD1	VARICELLA 1	VARICELLA 2	CHICKEN POX	LEAD LEVEL

Mantoux Skin Test Date: _____ Result: _____

TB Risk Assessment Date: _____ Result: _____

Examiner's Signature: _____ Phone #: _____

Printed Name: _____ Date of Exam: _____