PHYSICAL EXAM FORM

Hay Springs Public School

Name: _____ **Male/Female** **DOB:** _____ **Grade:** ____ **Date:** _____

Does the student suffer from a medical condition of which HSPS should be aware? ☐Yes ☐No

If yes, please list: _____

Is the student currently taking any medications? ☐Yes ☐No

If yes, please list: _____

Does the student have asthma? ☐Yes ☐No If yes, does the student use an inhaler/nebulizer? ☐Yes ☐No

Does the student have any allergies (food, bee stings, medications, etc)? ☐Yes ☐No

If yes, please list: _____

Does the student have a history of passing out due to exercise or had an immediate family member die suddenly due to a heart related condition before age 50? ☐Yes ☐No

If yes, please explain: _____

Height: _____ **Weight:** _____ **Pulse(bpm):** _____ **Blood Pressure:** _____

Check off normal findings and indicate abnormal findings and where follow-up is recommended.

SYSTEM	NORMAL	ABNORMAL FINDINGS	NEEDS FOLLOW-UP
Appearance	☐	_____	☐
Eyes/Ears/Nose/Throat	☐	_____	☐
Heart	☐	_____	☐
Lungs	☐	_____	☐
Abdomen	☐	_____	☐
Genitourinary (Males)	☐	_____	☐
Skin	☐	_____	☐
Musculoskeletal	☐	_____	☐
Neck	☐	_____	☐
Spine	☐	_____	☐
Evidence of Scoliosis	☐	_____	☐
Evidence of Hernia	☐	_____	☐
Upper Extremities	☐	_____	☐
Lower Extremities	☐	_____	☐

I certify that the above named student is (check one):

☐ Cleared to participate ☐ Cleared, but restricted as described below ☐ NOT cleared to participate

Restrictions: _____

Physician's Signature: _____ Date: _____