

PHYSICAL EXAM FORM

Hay Springs Public School



Name:		Male/Female	DOB:	Grade:	Date:	
Does the student suffer	from a medica	al condition of wl	nich HSPS shoul	d be aware? □Yes	□No	
If yes, please list:						
Is the student currently						
If yes, please list:						
Does the student have a					bulizer? [⊒Yes □No
Does the student have a	ny allergies (f	ood, bee stings, r	nedications, etc	c)? □Yes □No		
				·		
Does the student have a						r die
suddenly due to a heart		_			,	. a.c
•		•				
ii yes, pieuse exp						
Height:	Weight:		Pulse(bpm):	Blood	d Pressur	e:
Check off normal finding	s and indicate	e abnormal findin	gs and where fo	ollow-up is recomm	ended.	
SYSTEM	NORMAL		ABNORMAL FI	·		NEEDS
						FOLLOW-UP
Appearance						
Eyes/Ears/Nose/Throat						
Heart						
Lungs						
Abdomen						
Genitourinary (Males)						
Skin						
Musculoskeletal						
Neck	_ <u>_</u>					
Spine						
Evidence of Scoliosis						
Evidence of Hernia						
Upper Extremities Lower Extremities						
Lower Extremities						Ш
	Loortifyt	hat the above na	mad studant is	(chack ana):		
Classed to particin	•			•	arad ta n	orticinata
☐ Cleared to particip		,			ared to pa	articipate
Restrictions:						
-1 1 -:			_			
Physician's Signature:			Dat	e:		