



2024 - 25 ANNUAL PHYSICAL EXAM FORM (Grades TK - 3)

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal Unequal

	Normal	Abnormal	Describe abnormality in detail
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

CLEARANCE

Cleared for Physical Education

Restricted (indicate) : _____

Not Cleared: _____ Reason: _____

Comments & Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD/DO/NP/PA-C