



COLEGIO SAGRADO CORAZÓN DE JESÚS

MEDICAL PHYSICAL EXAMINATION

Student's Name: _____ Birth Date: _____

Height: _____ Weight: _____ Age: _____

Pulse _____ Blood pressure _____ / _____ Hearing Right Ear: _____ Left Ear: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y ☐ N ☐ Eyeglasses _____ Contact lenses: _____

Medical History

	Normal	Abnormal Findings	Initials
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Skin (rash, urticarial or other skin problems)			
Respiratory			
Cardiovascular			
Gastrointestinal			
Urogenital			
Musculoskeletal			
Neurological			
Allergies (insect bites and others)			

CLEARANCE

☐ The child has an ongoing medical condition that needs to take daily medications (ADHD, ADD, Diabetes, heart conditions and/or others).

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities (**Note exceptions above**).

Physician's Name and Telephone

Physician's Signature

Date

Physician's License Number