



ROCKWOOD SCHOOL DISTRICT PHYSICAL EXAMINATION FORM
FOR
KINDERGARTEN • NEW STUDENTS • GRADE 6 • HIGH SCHOOL SPORTS

PLEASE RETURN COMPLETED HEALTH EXAMINATION FORM TO THE SCHOOL NURSE.
ANY QUESTIONS REGARDING COMPLETION OF THIS FORM MAY BE DIRECTED TO THE SCHOOL NURSE.

STUDENT NAME: _____ DATE OF BIRTH: _____ GRADE: _____

TO BE COMPLETED BY PHYSICIAN
DATE OF EXAM: _____

IMMUNIZATIONS (give month/day/year or attach record)

DTP/DTaP _____
 Td/Tdap _____
 Polio _____
 MMR _____ Hep A _____
 Hep B _____
 Varicella _____ or Month & Year of Illness _____
 HIB _____
 Meningococcal _____
 HPV _____
 Other _____

HISTORY

Asthma: No _____ Yes _____
 ADHD: No _____ Yes _____
 Chronic Condition/Major Surgeries: (list, give date) _____

 Allergies (list): _____
 Medications (list): _____

ORTHOPEDIC HISTORY (for sports participation)

Previous Injury Date, Explain: _____

 Special Seating Recommendations: _____
 Medical Treatment Needed at School: _____
 Other Health Recommendations: _____

PHYSICAL

Height: _____ Weight: _____ B/P: ____ / ____ Pulse: _____
 Eyes: R – 20/ _____, L – 20/ _____ Hearing: _____
 Scoliosis screening _____
 Review of Systems: _____
 Note any problems: _____

ORTHOPEDIC EXAM (for PE/sports participation)

Back/Neck/Shoulders/Extremities: WNL _____
 If not, please explain: _____

 Recommendation for PE/Sports: Full / Limited / None
 Clearance withheld until: _____
 If limitations, please explain: _____

SIGNATURE of EXAMINER: _____

Name (please print): _____
 Address: _____

 Phone: _____

FOR HIGH SCHOOL SPORTS PARTICIPATION ONLY - Parent's or Guardian's permission: I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on the form by the examiner; I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the student, if he/she is injured in the course of school activities.

Signature of Parent _____ Date _____