



**Physical Examination**

Student Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Systems:	Findings:	Systems:	Findings:
General		Neurologic	
Skin/Hair		Endocrine	
HEENT		Extremities	
Cardiac		Postural Screening	
Respiratory		*Referral?	
GI/GU		Other	

Details on positive findings or additional comments:

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Recommendations for correction or follow-up:

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On the basis of today's examination,

I approve this child to take part in playground and gym activities. Y N

I approve this child to participate in interscholastic sports. Y N

Restrictions: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_