PHYSICAL EVALUATION FORM

KINDERGARTEN, FIRST, SECOND, THIRD, FOURTH AND FIFTH GRADERS

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____
Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
Address: _____
City/State/Zip:_____ Home Phone: _____
School: _____ District: _____
Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here ☐

Name: _____ Phone: _____ Fax: _____

Address:_____ City/State/Zip:_____

- FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: _____/_____ Pulse: _____bpm.

Vision: R 20/____ L 20/ ____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

_____

_____

_____

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

_____

_____

_____

_____

General Diagnosis:

_____

_____

_____

General Recommendations:

_____

_____

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

Primary Care Provider
School Physician Provider
License Type:
MD/DO
APN
PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____

Today's Date: _____ Date of Exam: _____