

Saint Louis
COUNTY
HEALTH

SCHOOL AND SPORTS
PHYSICAL EXAMINATION FORM

CHILD'S NAME:

DATES OF IMMUNIZATION

IMMUNIZATION	PRIMARY		BOOSTER		ALLERGIES
DPT/DTAP					
DT					
OPV/IPV					
MMR					
HIB					
HEP B					
OTHER			VARIVAX		

VISION: Without glasses R 20/___ L 20/___ With glasses R 20/___ L 20/___ Lead _____

HEARING: R. _____ L. _____ Lab: Hbg _____ U/A _____ PPD _____ Results _____

PHYSICAL EXAMINATION: Height _____ Weight _____ BP _____

Head _____ Eyes _____
 ENT _____ Mouth and Teeth _____
 Neck & Soft Tissue _____ Chest _____
 Heart _____ Lungs _____
 Abdomen _____ Genitalia _____
 Hernias _____ Neurological _____
 Skin _____ Back and Spine _____
 Joints _____ Maturity Index _____

Based on this history and physical exam, the following abnormalities were found and may need treatment.

- _____
- _____

SPORTS PARTICIPATION RECOMMENDATIONS

- There were no history of physical findings on this exam which would prohibit this student from participating in competitive athletics / Preschool.
- This student should have the following health problems evaluated or treated prior to participating in competitive athletics:

- This student has health problems which would prohibit him/her from participating in competitive athletics.

Condition _____

Date _____

Provider Signature _____