THE COLORADO SPRINGS SCHOOL

ANNUAL PHYSICAL EXAM FORM

To be completed by a parent/guardian. Please print all information.

Student _____ Date of Birth _____ Grade _____
Please circle gender: male female

MEDICAL HISTORY

Allergies _____Food allergy _____ Illness _____
Surgeries _____ Accident/ Injury _____
Is student taking **any** medication on a routine basis? Yes _____ No _____
List all medication: _____
Is student allergic to any medication? Yes _____ No _____ Please list and describe reaction:
_____
Has student consulted with a specialist in the past 5 years?
Yes _____No _____ If yes, please describe nature of condition:_____

This section to be completed by examining physician.

PHYSICIAN EXAMINATION:

Height_____ Weight _____ BMI _____ Blood Pressure_____ Pulse _____

	Normal	Abnormal		Normal	Abnormal
General Appearance			Cardiovascular		
Skin			Gastrointestinal		
Eyes			Genito-urinary		
Ears/Nose/Throat			Neurological		
Mouth/Dental Assessment			Developmental Screening		
Muscular			Nutritional Assessment		
Skeletal			Respiratory		

Are there concerns for this student's health?
_____

Is the student capable of physical activity and participation in a competitive athletic program? _____Yes _____No
Are there any sports in which this student should not participate?_____
Are there any restrictions or activity limitations?_____

SCREENING TESTS:
Tuberculin test: Date _____ Positive _____Negative _____ CSR date (if pos.): _____
Vision: Right 20/_____ Corrected to 20/_____ Left 20/_____ Corrected to 20/_____

RECENT IMMUNIZATION DATES:
Varicella: dose one _____, dose two _____ History of the disease: _____
Td/Dtap: _____ MMR: _____ HEP B: _____, _____, _____ Polio: _____ HEP A _____, _____
Prevnar (PCV7) pneumonia _____

Results of the physical exam completed by me on this date indicate that the individual named above is in good health. Any problems to the contrary have been noted above.

Date _____ Examining Physician Signature _____
Physician's Name _____ _____Phone _____