



To be completed by the student's licensed healthcare provider

This student has been evaluated in regard to his/her health with the following results:

Height: _____ Weight: _____ BMI: _____ BP: _____ Pulse: _____
 Urinalysis (if performed) Albumin: _____ Sugar: _____
 Blood Count (if performed) HgB: _____ Hct: _____
 Visual Acuity Right: _____ Left: _____
 Auditory Acuity: Right: _____ Left: _____

Physical Development and Health: Normal: _____ Abnormal as follows: _____
 Intellectual Development: Normal: _____ Abnormal as follows: _____
 Emotional Development: Normal: _____ Abnormal as follows: _____

| Examination of: | Satisfactory Result | Unsatisfactory Result | No Exam Performed |
|-------------------------|---------------------|-----------------------|-------------------|
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Respiratory | | | |
| Cardiovascular | | | |
| Abdomen | | | |
| Genitalia | | | |
| Skin/Lymph Nodes | | | |
| Musculoskeletal | | | |
| Neurological | | | |
| Other | | | |
| Lab Test (Specify Here) | | | |

If any of the above are marked "unsatisfactory" or "no exam", please explain:

Immunizations

Provide a printed copy of the student's immunization records with the month, day, and year for each immunization given. A written copy of the record can be attached to this document as well. Required immunizations are: DTaP or DTP or DT, Tdap/Td, POLIO, MMR, HEPATITIS B, VARICELLA, HIB (prior to age 5), MENINGOCOCCAL, HPV, HEP A.

Sign here if the student is to be exempted from the required immunizations for medical reasons:

Physician's signature _____ Date _____

I certify that I have examined this student as indicated and, on the basis of the information furnished to me, find him/her free of communicable disease and physically able to participate in all supervised school activities and sports (please provide a separate document with exceptions to this statement).

Licensed Healthcare Provider

Printed Name _____ **Signature** _____ **Date of Exam** _____ **Phone** _____