



**LINN-MAR COMMUNITY SCHOOLS  
STUDENT PHYSICAL EXAM FORM**

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Exam: \_\_\_\_\_

HGB/HCT	BP	Lead	Height	Weight	Visual Acuity	Urinalysis	Hearing Acuity
		Date done-			R eye-	Sp Gr -	R ear -
		Results-			L eye -	Sugar -	L ear -

**GENERAL EXAM Check if Normal/Abnormal**

	Normal	Abnormal	Explain
Teeth			
Throat			
Heart			
Lungs			
Abdomen			

	Normal	Abnormal	Explain
Neuro			
Skin			
Gait			
Back			

PHYSICIAN RECOMMENDATIONS		NO	YES	EXPLAIN
1.	Is there any significant health history? Chronic illness, surgeries, injuries?			
2.	Is this student subject to any condition that may result in a classroom emergency or limit participation during the school day - Diabetes, asthma, allergies, seizures, cardiac?			
3.	Student immunizations are up to date?			
4.	Immunizations given today?			
5.	Updated TDAP for 7th Grade?			
6.	Student can participate in all school activities?			

Additional Comments: \_\_\_\_\_

**I have interviewed and examined this student:**

Print Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_