

# PHYSICAL EXAMINATION FORM

**PARENT/GUARDIAN:** Please provide this form to your student's primary care provider along with the Immunization Form and return it to the school once the provider has completed and signed the form.

**PRIMARY CARE PROVIDER:** Please fill out this form based on a recent physical examination of the student and your records.

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## STUDENT INFORMATION

NAME OF STUDENT

DATE OF EXAM

CURRENT MEDICAL CONDITIONS:

ALLERGIES:

PERTINENT FAMILY HISTORY:

DEVELOPMENTAL/BEHAVIORAL ISSUES:

CURRENT MEDICATIONS:

2

## CONSENT FOR MEDICATION IN SCHOOL

NAME OF MEDICATION

DOSE

TIME

NAME OF MEDICATION

DOSE

TIME

NAME OF MEDICATION

DOSE

TIME

HEIGHT

WEIGHT

BP

PULSE

RESP

HEARING SCREEN

VISION SCREEN

POSTURAL SCREEN

SKIN

MUSCULOSKELETAL

NUTRITION

GI/GU

NERVOUS

RESPIRATORY

CARDIOVASCULAR

SICKLE CELL

G6PD

LEAD TEST

DENTAL/ORAL HEALTH

DATE OF LAST DENTAL EXAM

IS STUDENT ABLE TO FULLY PARTICIPATE IN SPORTS AND PHYSICAL ACTIVITIES? ☐ YES ☐ NO

PROVIDER NAME

PHONE

PROVIDER SIGNATURE

DATE

ADDRESS OF PRACTICE



**CATHEDRAL**  
7-12 HIGH SCHOOL • BOSTON

**PLEASE RETURN THIS COMPLETED FORM TO:**

**MAIL:** Cathedral 7-12 High School, Health Office, 74 Union Park St., Boston MA 02118

**FAX:** (617) 542-1745