



PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT

Grades K-6, Student Physical Examination Form

 Last Name First Name Middle Birth date Age Sex

 Parent/Guardian Name

This section to be completed by Physician.								
Height	Weight	BP	Hearing	Vision			Urinalysis	Lead Test
				Left	Right	Both		

Health History		
Allergies	Diseases/Chronic Illnesses	Need Modifications
Food - Contact	Asthma	Medications
Food - Ingestion	Chicken Pox (varicella)	Dietary
Medications	Heart Disease	Special Equipment
Hay Fever	Seizures	Other
Insect Stings	Diabetes	
Other		
Hospitalizations:		
Operations/Serious Illnesses:		
Comments:		

Physical Examination Requirements					
	Normal	Comments		Normal	Comments
Skin			Genito-Urinary		
Ears			Gastrointestinal/Abdomen		
Eyes			Neurological		
Nose/Throat			Musculoskeletal		
Mouth/Dental			Spinal Exam		
Cardiovascular			Nutritional		
Respiratory			Mental Health		
			General Comments		

 Signature of Examining Physician

 Date of Physical