



Physical Examination

|                   |                    |                     |
|-------------------|--------------------|---------------------|
| STUDENT LAST NAME | STUDENT FIRST NAME | STUDENT MIDDLE NAME |
|-------------------|--------------------|---------------------|

The following form must be completed by a certified medical examiner (e.g., M.D., D.O., or P.A.-C.).

Vision: (OD) 20/ \_\_\_\_\_ (OS) 20/ \_\_\_\_\_ w/ Glasses or Contacts? Yes \_\_\_ No \_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Hearing (R) \_\_\_\_\_ (L) \_\_\_\_\_ w/Aids? Yes \_\_\_ No \_\_\_ Blood Pressure: \_\_\_/\_\_\_

REVIEW OF SYSTEMS: (REQUIRED)

Does student have normal color vision? \_\_\_\_\_

HEENT: \_\_\_\_\_

CHEST: \_\_\_\_\_

HEART: \_\_\_\_\_ MURMURS \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

EXTREMITIES: \_\_\_\_\_

GENITALIA: \_\_\_\_\_ TANNER STAGE (I-VI) \_\_\_\_\_ CIRC: Y N

HERNIA: Y /N

NEUROLOGICAL: \_\_\_\_\_

BACK/SPINE PROBLEMS: \_\_\_\_\_

SCOLIOSIS: Y / N TYPE/DEGREE: \_\_\_\_\_

SKIN CONDITIONS/RASHES: \_\_\_\_\_

HX OF SERIOUS INJURIES/ILLNESSES: \_\_\_\_\_

SURGERIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS STUDENT CLEARED FOR PHYSICAL EDUCATION AND COMPETITIVE SPORTS?

YES \_\_\_ NO \_\_\_



# VERITAS PREPARATORY ACADEMY

IS STUDENT CURRENTLY TAKING ANY MEDICATION OR BEING TREATED FOR ANY HEALTH PROBLEM OR ONGOING CONDITION? Y / N

If yes, please explain fully:

---

---

---

---

---

---

---

PLEASE LIST ANY ALLERGIES TO MEDICATIONS OR WRITE N.K.A.:

---

---

---

---

---

---

---

Examiner Name and Title

Examiner Signature

Date:

---

---