

THE LAUREL HILL SCHOOL PHYSICAL / HEALTH APPRAISAL

Name: _____ Gender: M F Date of Birth: _____

School: _____ Teacher: _____ Grade: _____

PHYSICAL EXAM

DATE OF EXAM: _____ ALLERGIES: _____

Height: _____ Weight: _____ Blood Pressure: _____ Resting Pulse: _____	
REQUIRED: Body Mass Index: _____	REQUIRED: Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5th <input type="checkbox"/> 5th through 49th <input type="checkbox"/> 50th through 84th <input type="checkbox"/> 85th through 94th <input type="checkbox"/> 95th through 98th <input type="checkbox"/> 99th and higher
REQUIRED: SPECIFY CURRENT DISEASES: <input type="checkbox"/> ASTHMA <input type="checkbox"/> DIABETES TYPE 1 <input type="checkbox"/> DIABETES TYPE 2 <input type="checkbox"/> HYPERLIPIDEMIA <input type="checkbox"/> HYPERTENSION	

AUDIOMETRY MUST INCLUDE VALUES:	AUDIOMETRY MUST INCLUDE VALUES:								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">AS 500</td> <td style="width: 25px; text-align: center;">1000</td> <td style="width: 25px; text-align: center;">2000</td> <td style="width: 25px; text-align: center;">4000</td> </tr> </table> Hz	AS 500	1000	2000	4000	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">AD 500</td> <td style="width: 25px; text-align: center;">1000</td> <td style="width: 25px; text-align: center;">2000</td> <td style="width: 25px; text-align: center;">4000</td> </tr> </table> Hz	AD 500	1000	2000	4000
AS 500	1000	2000	4000						
AD 500	1000	2000	4000						

Vision - <u>Uncorrected</u> :	R	L	Vision - <u>Corrected</u> :	R	L
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EXAM ENTIRELY NORMAL

URINALYSIS:

Specify any abnormality: _____	SPEC. GRAV	PRO.	GLUC.	MICRO
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MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDING
NEUROLOGICAL			CONCUSSION	DATE:	
EYES / EARS			SCOLIOSIS / SPIN		
NOSE / THROAT			SHOULDER		
HEART / MURMUR			ARM		
LUNGS			HAND		
ABDOMEN			HIP		
GENITALIA			LEG		
SKIN					
SKIN					
HERNIA					
TEETH / MOUTH					

PHYSICAL EDUCATION / PLAYGROUND / CSE CONSIDERATION

- Free from contagions & physically qualified for all physical education, playground, & school activities OR only as checked:
- Specify medical accommodations need for school: _____
- Restrictions: _____

Provider's Signature: _____ Phone: _____ Fax: _____

Provider's Name/Address: _____ M.D. Stamp: _____

Parent Signature: _____ Parent Phone Number: _____ Date: _____