



# LINDBERGH SCHOOL DISTRICT



Physical Exams are required upon enrollment and at 5th, 7th and 10th grades. The Missouri State High School Activities Association requires a yearly exam prior to participation in inscholastic athletics in grades 9 through 12, this exam must be dated on or after February 1st to be valid for the following school year.

## REPORT OF PHYSICAL EXAMINATION

School \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health History: Enter the year(s) in which your child had the following:

Asthma _____	Measles _____	Rubella _____	Mumps _____	Anemia _____
Meningitis _____	Chicken Pox _____	Allergies _____	Seizure Disorder _____	Diabetes _____
Tuberculosis _____	Hepatitis A _____ B _____ C _____			

Health Information: Please list any allergies, injuries, operations, serious illness, heart conditions, vision problems, hearing loss, and/or any other health information you feel would be helpful.

\_\_\_\_\_

Is your child on medication at home? (please list) \_\_\_\_\_



### **NOTE: Physician to Complete this section**

Height _____	Weight _____	Pulse _____	Blood Pressure _____
Nutrition _____	Skin _____	Scalp _____	Teeth _____
Gums _____	Nose _____	Throat _____	Ears _____
Eyes _____	Heart _____	Lymph _____	Lungs _____
Ortho _____	Scoliosis _____	Abdomen _____	Genitalia _____
Reflexes _____	Urine _____	Hernia _____	

Significant concerns: \_\_\_\_\_

Can student carry a full program of school work? Yes \_\_\_\_\_ No \_\_\_\_\_

Should physical activity be restricted? Yes \_\_\_\_\_ No \_\_\_\_\_ explain \_\_\_\_\_

May participate in competitive sports? Yes \_\_\_\_\_ No \_\_\_\_\_ explain \_\_\_\_\_

HEARING TEST: Type of test \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

VISION TEST: Type of test: \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Glasses? \_\_\_\_\_

**(Nurse Practitioners must show proof of collaborative practice)**

**••••• LICENSED CARE PROVIDER: PLEASE SIGN AND STAMP BELOW •••••**

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date

Stamp: \_\_\_\_\_

Phone \_\_\_\_\_