



**ROCKWOOD SCHOOL DISTRICT PHYSICAL EXAMINATION FORM  
FOR  
KINDERGARTEN • NEW STUDENTS • GRADE 6 • HIGH SCHOOL SPORTS**

Please return completed health examination form to the school nurse.  
Any questions regarding completion of this form may be directed to the school nurse.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**TO BE COMPLETED BY EXAMINER**

**DATE OF EXAM:** \_\_\_\_\_

**IMMUNIZATIONS** (give month/day/year or attach record)

DTP \_\_\_\_\_  
 DTaP/Td \_\_\_\_\_ Hep B \_\_\_\_\_  
 Polio \_\_\_\_\_  
 MMR \_\_\_\_\_ Hep A \_\_\_\_\_  
 Varicella \_\_\_\_\_ or Date of Illness \_\_\_\_\_  
 HIB \_\_\_\_\_  
 PPD +/- \_\_\_\_\_ Menactra \_\_\_\_\_  
 Other \_\_\_\_\_

**HISTORY**

Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_  
 ADHD: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Chronic Condition/Major Surgeries: (list, give date) \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies (list): \_\_\_\_\_  
 Medications (list): \_\_\_\_\_

**ORTHOPEDIC HISTORY** (for sports participation)

Previous Injury Date, Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Seating Recommendations:** \_\_\_\_\_

**Medical Treatment Needed at School:** \_\_\_\_\_

**Other Health Recommendations:** \_\_\_\_\_

**PHYSICAL**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_\_  
 Eyes: R – 20/ \_\_\_\_\_, L – 20/ \_\_\_\_\_ Hearing: \_\_\_\_\_

**Review of Systems:** **WNL**

If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**ORTHOPEDIC EXAM** (for PE/sports participation)

**Back/Neck/Shoulders/Extremities:** **WNL**

If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Recommendation for PE/Sports:** **Full / Limited / None**

Clearance withheld until: \_\_\_\_\_  
 If limitations, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE of EXAMINER:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

**For High School Sports Participation Only - Parent's or Guardian's permission:** I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on the form by the examiner; I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the student, if he/she is injured in the course of school activities.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_