

GARRISON FOREST SCHOOL
Physical Examination

Student name: _____ Age: _____ DOB: _____ Grade: _____
Weight(lbs.): _____ Height (in.): _____ Blood Pressure: _____ Pulse: _____

Use an (X) in the left column for normal findings, for abnormal findings; comment/explain in space to the right.

- General appearance _____
- Skin _____
- Head, eyes, ears, nose, throat _____
- Vision _____
- Hearing _____
- Respiratory _____
- Cardiovascular _____
- Gastrointestinal _____
- Genitourinary _____
- Spine (screen for scoliosis/kyphosis) _____
- Extremities (include known and previous orthopedic injuries/conditions) _____

- Metabolic/endocrine _____
- Neurological _____
- Other _____

Menstrual History: Onset Age: _____ Regularity: _____ Duration: _____
Pain: _____

Recommendations for Physical Activity:

- CLEARED** for full participation in all sports and athletic activities.
- CLEARED WITH LIMITATIONS** please explain any limitations or follow-up exam (s) you advise. _____
- NOT CLEARED** please explain your reasons for disqualifying this student from activity and indicate when this student may resume physical activity. _____

Physician Signature: _____ Date: _____
Physician Name (print): _____
Phone Number: _____

This form is to be completed and signed by the examining physician

Immunizations: Students must comply with Maryland State immunization requirements for school attendance and have a Maryland Immunization Certificate on file in the Health Center. Please send a copy of all immunization records, including dates, with this form.