

**ELIZABETH SETON HIGH SCHOOL
Physical Examination Report 2019 - 2020**

This form has been designed to include necessary information. Please do not use a substitute form.

Student _____ DATE OF PHYSICAL _____ DOB _____

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
General Appearance	-	-	Lungs	-	-
Eyes (Vision)	-	-	Breasts	-	-
Ears (Hearing)	-	-	Abdominal Organs	-	-
Nose and Throat	-	-	Genitalia	-	-
Mouth and Teeth	-	-	Back/Spine	-	-
Neck	-	-	Joint/ Mus. Flexibility	-	-
Chest and Heart	-	-	Skin	-	-
Lymphatics	-	-	Heart Rhythm	-	-
Urinalysis	-	-	Hemoglobin/Hematocrit	-	-

Weight: _____ lbs Height: _____ ft in
Pulse: _____ Respirations: _____ Blood Pressure: _____

Required Immunization Updates: _____ Date of second MMR _____ Date of last Tdap/DTP _____
Date of Meningococcal _____ Date Varicella/Disease _____ Date of 3rd Hepatitis B _____

Please check if any of these chronic conditions or diseases exist:

Allergies	-	Diabetes	-
Asthma	-	Kidney/Bladder	-
Cardiac Condition	-	Migraine	-
Joint Injury	-	Seizures	-
Other (Describe):	_____		

Identify, describe and indicate pertinent dates regarding the following:

Surgical Interventions: _____

Concussions (month/year): _____

Infectious Disease (i.e. Hepatitis, mononucleosis): _____

Prescribed medications:
(Including EPI pens and inhalers): _____

I certify that I have on this date examined this student and find her able to participate fully in school activities and Interscholastic athletics.

Physician's Signature: _____ Date of Exam: _____

School Policy requires a physical, performed **after June 1, 2019**, for all incoming Freshmen and annual physicals for all participants in athletics.

STUDENT NAME _____

STUDENT SID# _____

MEDICATION

Students may maintain and self administer emergency medications (i.e. inhalers or EPI pens) with a physician's written permission. Over the counter medication will not be dispensed by the clinic. Students may carry two (2) doses of over the counter medication (ex. Tylenol) for their personal use.

HEALTH ASSESSMENT

Please identify any physical condition/illness or difficulties that may affect attendance or participation in an academic, athletic, or extra curricular program.

CLINIC

In an effort to assist the students of Elizabeth Seton High School, time in the health room will be limited to 20 minutes. After this time, the student shall be sent back to class. If the student needs to be sent home, it is expected that the parents pick her up in a timely manner.

Sign and return this form, along with the completed health immunization form, by August 1, 2019

Thank you

SIGNATURE OF PARENT _____

SIGNATURE OF STUDENT _____

DATE _____