



3000 West School House Lane Philadelphia, PA 19144

Physical Examination Form — Grades PK, K & 6 thru 12 & New admissions

***To be completed by a health care provider and uploaded to Magnus account by July 31st.**

Student's Name _____ DOB _____ Grade in Sept. _____

Sex _____ Weight _____ Height _____ Pulse _____ B/P _____

1. Immunization Record must be submitted for all NEW students, students in grades PK, K, 7th & 12th.
2. Has this student been diagnosed with COVID-19? No ___ Yes ___ Date of Illness _____
3. Does this student have any medical conditions? _____
4. List all medications taken on a regular basis: _____

5. Allergies (food, medication, environmental) _____

Describe reaction: _____

Is this student prescribed emergency medication? _____

6. List any other medical information of which the school's nurse or counselor should be aware. _____

7. Tuberculin Test: **(Mandated for grades K & 9)** Date administered _____ Result _____ or Hx Survey _____

8. Scoliosis screening: _____ Pass _____ Fail Follow Up _____

9. Vision Test: _____ Pass _____ Fail Follow Up _____

10. Hearing Test: _____ Pass _____ Fail Follow Up _____

11. **I have reviewed the health history and performed a comprehensive pre participation physical evaluation of the above named student, and, on basis of such evaluation, certify that the student is physically fit to participate in all sports and physical activities, both intramural and inter-scholastic, during the school year _____. (SCHOOL YEAR REQUIRED)**

12. **Date of Physical Examination** _____

Signature of examining health care provider

Address/phone