



3000 West School House Lane Philadelphia, PA 19144

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

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

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. Complete physical examination was performed **within the past 12 months** and student was found to be free of contagious disease. ___ Yes ___ No **Date of last exam** _____
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 _____ . (YEAR REQUIRED)**

Signature of examining health care provider

Address/phone