



Hubbard-Radcliffe Elementary Physical Exam Form

Date of Exam _____

Name _____ **Date of Birth** _____ **Grade** _____

Allergies: _____ EpiPen Required: Yes or No

Medication Taken: _____

Height _____ Weight _____ BMI _____ Heart Rate _____ B/P _____

Blood Lead Level (required before Kindergarten): date _____ results _____

Hgb or Hct: date _____ results _____

Vision Acuity: Right _____ Left _____ Glasses: Y N Referral Made: Y N

Date of last dental exam: _____ Oral Health/Dental Referral Made Today: Y N

	Normal (X)	Abnormal (x)	Comments for Abnormal
Skin/Hair/Scalp			
Eyes/Ears/Nose			
Mouth/Dental			
Lymph Nodes			
Cardiovascular			
Respiratory			
Gastrointestinal/Genitourinary			
Neurological			
Endocrine			
Nutritional/General Appearance			
Developmental			

Condition	Y/N	Condition	Y/N
Asthma		History of Concussions	
Diabetes		Headaches/Migraines	
Cardiac Concerns		Seizures	
Bleeding Issues		Other:	

Conditions that might affect school performance: _____

Full and Unlimited Athletic Participation? Y N List Restrictions: _____

Physician Signature _____ **Date:** _____

Provider Name: _____ Phone: _____