Glens Falls City School District
Glens Falls, New York

STUDENT PHYSICAL EXAMINATION RECORD

Sports Physical Yes / No
Sport:_____

Date: _____ School: _____

Student's Last Name	Student's First Name	DOB	Age	Sex	Grade
Parent's Name		Work Phone			
Home Address	Home Phone	Cell Phone			

PLEASE LIST ALL INFECTIONS OR CONDITIONS YOUR CHILD HAS HAD:

Chronic Illnesses: □ Asthma □ Diabetes □Type 1 □ Type 2 □ Hyperlipidemia □ Hypertension □ Other: _____

Surgeries: _____

Allergies: Y N Medications: _____

Foods: _____Other:_____

Does your child require a special diet? Y N Describe: _____

Does your child take medication regularly? Y N List Meds: _____

Are there any side effects we should be aware of? Describe: _____

Are there any restrictions to physical education? Y N Describe: _____

Antigen	First Date	Second Date	Third Date	Fourth Date	Fifth Date
Hep B/Hib					
Dtap					
Polio					
MMR			XXXXXXXX	XXXXXXXX	XXXXXXXX
Hib					
Hep B				XXXXXXXX	XXXXXXXX
Varicella					
Prevnar					
Td					
Other					

Body Mass Index: _ _. _

- ☐ Less than 5th
- ☐ 5th through 49th
- ☐ 50th through 84th
- ☐ 85th through 94th
- ☐ 95th through 98th
- ☐ 99th and higher

PHYSICAL EXAMINATION N=Normal X =Defect

Height (inches):_____ Weight (lbs):_____ BMI: _____ BP:_____ Pulse: ____General Appearance:_____

Eyes (Visual Acuity): R_____ L_____ With Glasses/Contacts: R_____ L_____

Ears (Hearing): R_____ L_____ Otoscope: R_____ L_____

Nutrition:_____ Lungs:_____

Nose:_____ Heart:_____

Spine:_____ Scoliosis? Y N Murmur:_____

Dental:_____ Rhythm:_____

Orthodontic:_____ Abdomen:_____

Throat:_____ Hernias:_____

Speech: _____ Genitourinary:_____

Skin:_____ Nervous System:_____

Glands: _____ Epilepsy:_____

Behavioral/Psych: ADD____ OCD____ ODD_____ Other:_____

Other:_____

Any modifications to school program? Y N Comments:_____

Any restrictions to physical education? Y N Comments:_____

Special Services? Y N Comments:_____

Physician's Comments:_____

Physician's Signature:_____Date:_____Phone:_____

(If additional space is needed, please use back of form.)

Form #3 KC Updated 2/08