2024-2025

Physical Exam Form

To be completed by Physician (MD), Nurse Practitioner (NP), or Physician's Assistant (PA)

STUDENT NAME _____ _____ _____ _____ _____

Last First MI DOB (mm/dd/yy Grade in Fall

HT _____ WT _____ T _____ BP _____ P _____ RR _____

Pertinent medical history, including illnesses, injuries or surgeries: _____

Known allergies: _____

Is the student currently receiving medical treatment on regularly taking medication? ___Yes ___No
*If yes, the **Medication Form must be completed.**

Does the student have any physical/psychological conditions that would restrict his/her participation in any athletic program, camping or outdoor recreational program? ___Yes ___No
If yes, please explain: _____

Vision (without glasses): R __ / __ / L __ / __ Hearing: R _____ L _____
Vision (with glasses): R __ / __ / L __ / __ Audiogram/Tympanogram: _____

IMMUNIZATION RECORD

According to California State Law, all schools must have a written copy of each student's immunization record that is signed by a healthcare professional

Vaccine with date (mm/yy) each dose was given:	1st	2nd	3rd	4th	5th	Booster
Polio (OCP o IPV) *Required						
DTP/DTaP/DT/Td/TDAP (Diphtheria, Tetanus, Pertussis) *Required						TDAP Booster after 7years old
MMR (Measles, Mumps, Rubella) *Required						
HIB (Haemophillus Influenza B) *Required for preschool						
Hepatitis B *Required						
Hepatitis A *Recommended						
HPV (Human Papilloma Virus) *Recommended						
Meningococcal *Recommended						
COVID Vaccine *Recommended						
**Varicella (Chicken Pox) *Required						

Screening of TB risk factors: ☐ Risk factors not present; TB skin test not required ☐ Risk factors present; PPD – Mantoux skin test performed

TB SKIN TEST
(list most recent test & result

Type	Date Given	Date Read	Mm Induration	Impression	Chest XRay (necessary if skin test +)
☐PPD Mantoux ☐ Other				☐ Positive ☐Negative	File date: _____ Impression ☐ Normal ☐ Abnormal

Signature of Physician, Nurse Practitioner or Physician Assistant: _____ **Date:** _____

**Even if the student has had Chicken Pox, they must receive the required two doses of varicella or a Medical Exemption for varicella must be submitted through CAIR-ME by a doctor licensed in California