



2023-2024

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, please complete the Medication Form

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

Table with 7 columns: Vaccine with date (mm/yy) each dose was given, 1st, 2nd, 3rd, 4th, 5th, Booster. Rows include Polio, DTP/DTaP/DT/Td/TDAP, MMR, HIB, Hepatitis B, Hepatitis A, HPV, Meningococcal, COVID Vaccine, and Varicella.

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)
Table with columns: Type, Date Given, Date Read, Mm Induration, Impression, Chest XRay (necessary if skin test +)
[] PPD Mantoux [] Positive [] Negative
[] Other 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