



2026-2027

Physical Exam Form

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

STUDENT NAME

Form with fields for 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

Table with columns for 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

Table for TB SKIN TEST with columns: Type, Date Given, Date Read, Mm Induration, Impression, Chest XRay (necessary if skin test +). Includes checkboxes for PPD Mantoux, Other, Positive, Negative, 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