

# DUNN SCHOOL PHYSICAL

## MUST BE FILLED OUT BY A MEDICAL PHYSICIAN

Students are required to have an annual physical exam. Doctor, please review this student's health history and complete this form. The information is used in the student health office and will be released in case of an emergency or if the student requires medical treatment. **PLEASE BE CERTAIN THE STUDENT'S IMMUNIZATIONS ARE UP TO DATE.**

***This school requires a PPD every 12 months if a student has traveled out of the country, and every two years if student has stayed in the country.***

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	Normal	Abnormal
Head, ears, nose, throat		
Hearing		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genito-urinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin		
GYN Exam if sexually active		
Comments:		

Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Date of last PPD/CXR: \_\_\_\_\_

Results of last PPD/CXR: \_\_\_\_\_

Blood Pressure: \_\_\_/\_\_\_ Heart Rate: \_\_\_\_\_

Dipstick Urinalysis: Sugar \_\_\_\_\_

Albumin: \_\_\_\_\_

Hemoglobin or Hematocrit: \_\_\_\_\_

Date of last Dental exam: \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_

Wears glasses/contacts/both/neither

Vision	Uncorrected	Corrected
OS		
OD		
OU		

Is student capable of physical activity and participation in a competitive sports program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

Any physical restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Dietary Restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_

Has student received any counseling or psychological care? Yes: \_\_\_\_\_ No: \_\_\_\_\_ When: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_ Is further treatment needed? \_\_\_\_\_

Other significant medical history (e.g. surgeries, hospitalizations, serious injuries, pregnancies, sexually transmitted diseases): \_\_\_\_\_

Examining Physician (Please print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call the Dunn School Nursing Office at (805) 688-6471.