

DUNN SCHOOL PHYSICAL

MUST BE FILLED OUT BY A MEDICAL PHYSICIAN

Students are required to have an annual physical, dental, and eye exam. Doctor, please review this student's health history and complete this form. The information is used in the 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? _____

Examining Physician (Please use official stamp and include name, address, and phone):

Physician's Signature: _____ Date: _____

If you have any questions, please call the Dunn School Health Office at (805) 686-0626.