

# MONTICELLO CENTRAL SCHOOL DISTRICT MULTIPURPOSE PHYSICAL EXAMINATION

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

School: \_\_\_\_\_

Significant Family History: \_\_\_\_\_

Significant Medical History/Surgeries: \_\_\_\_\_

Significant Medical Issues: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ None: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ None: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ HR \_\_\_\_\_ BMI \_\_\_\_\_ WSC \_\_\_\_\_

Vision L20/\_\_\_\_\_ R20/\_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Eyes _____	WNL	Nervous System _____	WNL
Ears (Otosopic) _____	WNL	Skin _____	WNL
Oropharynx _____	WNL	Hernia _____	WNL
Neck _____	WNL	Spine _____	WNL
Heart _____	WNL	Joints _____	WNL
Lungs _____	WNL	Extremities _____	WNL
Abdomen _____	WNL	Other _____	WNL
Genitourinary _____	WNL		
Musculoskeletal _____	WNL		

Student may participate in sports: Yes \_\_\_\_\_ No \_\_\_\_\_ Deferred: \_\_\_\_\_

Restrictions/Limitations: \_\_\_\_\_

Please explain abnormal findings, including problems related to growth, development, or nutrition:

Please indicate any further diagnostic tests suggested: \_\_\_\_\_

\_\_\_ Recommended for Adaptive Physical Education: \_\_\_\_\_

\_\_\_ Refer to the Committee on Special Education (CSE) for a speech evaluation and recommended speech services.

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

Sports-Reviewed by School Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_