

GOWANDA CENTRAL SCHOOL STUDENT PHYSICAL

Name: _____ Grade: ____ DOB: _____ Age: ____

SIGNIFICANT PAST HISTORY:

Illness:

Injuries or Operations:

Concussion:

IMMUNIZATIONS GIVEN TODAY:

Current Medical Problems Under treatment:

☐ Asthma Diabetes ☐ type 1 ☐ type 2 ☐ Hyperlipidemia ☐ Hypertension ☐ Seizure Disorder
Other—

Medications:

Allergies:

PHYSICAL EXAMINATION:

Ht _____ Wt _____ BP _____ Pulse _____ BMI _____

Weight Status Category (BMI percentile):

____ Less than 5th
____ 5th to 49th
____ 50th to 84th
____ 85th to 94th
____ 95th to 98th
____ 99th and higher

	<u>NORMAL</u>	<u>ABNORMAL</u>
<u>NUTRITION</u>		
<u>LYMPH NODES</u>		
<u>EYES</u>		
<u>NOSE</u>		
<u>EARS</u>		
Tympanic Membrane Appearance		
Hearing problems?		
<u>ORAL</u>		
Tonsils:		
Throat:		
Gums:		
Teeth:		
<u>LUNGS</u>		
<u>HEART</u>		
<u>ABDOMEN</u>		
<u>ORTHOPEDIC</u>		
Structural:		
Spine: Scoliosis: yes no		
Feet:		
<u>SKIN</u>		
<u>GENITALIA</u>		
<u>HERNIA</u>		

Name: _____ Grade: ____ DOB: _____ Age: ____

	NORMAL	ABNORMAL
NERVOUS SYSTEM		
SPEECH		
<u>GENERAL CONDITION:</u>		

Any Areas for continued supervision or further investigation:

Any modifications of school program needed:

Can Student participate in all sports? Yes_____ No_____
If not please indicate below which sports student may participate in.

Contact or Collision (Football, Field Hockey, Ice Hockey, Soccer, Wrestling, Lacrosse): _____
Limited Contact / Impact (Baseball, Basketball, Diving, Gymnastics, Handball, Skiing, Softball, Volleyball) _____
Strenuous Noncontact (Track, Cross Country, Swimming, Cheerleading, Crew, Tennis): _____
Nonstrenuous Noncontact (Bowling, Golf, Archery): _____

Tanner Rating Level_____

ANY OTHER INFORMATION:

Signature of Health Care Provider:

Stamp or Print Health Care Provider Name:

Date of Exam_____

