

IMMACULATE CONCEPTION REGIONAL SCHOOL

1321 East Division, Mount Vernon, WA 98274, (360)428-3912, Fax (360)424-8838

PHYSICAL EXAMINATION

Name _____ Physician _____ Date _____

Address _____ Phone # _____ Age _____ Grade _____

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Height _____ Weight _____</p> <p>BP _____</p> <p>Vision: Glasses/Contacts _____</p> <p>Lt: _____ Rt: _____</p> <p>General Appearance _____</p> <p>Face and Skin _____</p> <p>Lymph Nodes _____</p> <p>Eyes _____</p> <p>Ears _____</p> <p>Nose _____</p> <p>Neck _____</p> <p>Thorax _____</p> <p>Heart _____</p> <p>Lungs _____</p> <p>Back _____</p> <p>Abdomen _____</p> <p>Genitalia _____</p> <p>Neurological _____</p> <p>Extremities _____</p> | <p><u>Health History (to be filled out by parent)</u></p> <p>Immunizations Current: yes ____ no ____</p> <p>Medications: _____</p> <p>Medicine Allergies: _____</p> <p>Hospitalizations: _____</p> <p>Major Illnesses: _____</p> <p>Current Problems: _____</p> <p>Past Injuries: _____</p> <p>Significant Family History: _____</p> <p>Other Concerns: _____</p> <p>_____</p> <p>Parent Signature: _____</p> <p>Date: _____</p> |
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Physician's Signature _____ Physician's Phone # _____

Recommendations/Remarks _____

Limitations _____