

Oak Hill High School
Physical Examination Form

Last	First	Middle	Birthdate
School	Grade	Town	Parent
			Home Phone

Medical History: Please check and give brief description; include approximate date where pertinent if you have or had the following:

Allergies:

- Asthma
- Hay Fever
- Medication: What?

Concussion

- Convulsion
- Fainting Spell
- Seizures or Epilepsy

- Fracture
- Sprain
- Joint Pain

Frequent:

- Headaches
- Sinus Infections
- Stomachaches

- Heart Murmur
- Other Heart Problems
- High Blood Pressure

Kidney or Bladder Problems

Skin Disorders:

- Athlete's Foot
- Other Fungus Infection
- Recurrent Boils

Girls:

- Menstrual Cramps
- Menstrual Problems

Overnight Hospitalization

- Operations:
- Current Medications

Other

Family Medical History

Heart attack in family member who was less than 50 years age; Relationship to you?

Diabetes

High Blood Pressure

Cancer

Other:

Physical Exam

Height _____

Weight _____

Blood Pressure _____ / _____

Pulse _____

Eyes:

L 20/____ R 20 _____

L 20/____ R 20 _____

(With Contacts/Glasses)

IMMUNIZATIONS:

____ OK Given: _____

Nose _____

Mouth/Teeth _____

Throat _____

Neck/Nodes _____

Lungs _____

Heart _____

Abdomen _____

Genitalia _____

Tanner Stage _____

Muscle/Skeleton _____

Scoliosis _____

Neuro _____

Eyes _____

Ears _____

Participation in Sports:

Limited /Modify _____

Full Participation _____

Specify:

Comments:

Current Medications _____

Signature of Physician/Date _____