

### Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

### Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
● Height (inches)				
● Weight (pounds)      BMI				
● Pulse (      )				
● Blood Pressure      /				
● Hair/Scalp				
● Skin				
● Eyes/Vision				
● Ears/Hearing				
● Nose and Throat				
● Teeth and Gingiva				
● Lymph Glands				
● Heart — Murmur, etc.				
● Lung — Adventitious Findings				
● Abdomen				
● Genitourinary				
● Neuromuscular System				
● Extremities				
● Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
**Print** Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number