

**WOODBIDGE ACADEMY MAGNET SCHOOL - PRIVATE PHYSICIAN PHYSICAL EXAM**  
**CANNOT BE USED FOR SPORTS CLEARANCE**

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

**STUDENT MEDICAL HISTORY: CHECK ANY THAT APPLY TO THE STUDENT**

☐ **Allergies\* (list):**

\_\_\_\_\_

☐ **Diabetes\***

☐ Otitis Media

☐ Other (describe)

☐ Anxiety / Panic Attacks

☐ Heart Disease

☐ Rheumatic Fever

☐ Appendicitis

☐ Heart Murmur/Dysrhythmia

☐ **Seizures\***

☐ Surgeries (list):

☐ **Asthma\***

☐ Injuries (Fractures/Sprains)

☐ **Sickle Cell\***

☐ Bronchitis

☐ Kidney Disease

☐ Sinusitis

☐ Cancer

☐ Lyme Disease

☐ Strep Throat

☐ Hospitalizations (list):

☐ Concussion

☐ Menstrual cycle / Dysmenorrhea

☐ Tonsillitis

☐ Constipation

☐ Migraines/Headaches

☐ Depression

☐ Mononucleosis

**\*Condition requires school action plan**

☐ Medication needed during school hours (list): \_\_\_\_\_

***\*School Medication Authorization form must be completed for each medication listed.***

**PHYSICAL EXAM DATE:** \_\_\_\_\_

**PLEASE ATTACH CURRENT IMMUNIZATION RECORD**

Height: \_\_\_\_\_

Hearing:

Vision:

RIGHT

LEFT

BOTH

Weight: \_\_\_\_\_ lbs.

Right: \_\_\_\_\_

☐ With Glasses

BP: \_\_\_\_\_ / \_\_\_\_\_

Left: \_\_\_\_\_

☐ Without Glasses

Pulse: \_\_\_\_\_

Concerns: \_\_\_\_\_

**GENERAL APPEARANCE: PROVIDE DETAIL AS NEEDED**

**ORTHOPEDIC:**

EYES:

LUNGS:

POSTURE/SCOLIOSIS:

EARS:

ABDOMEN:

FEET:

NOSE:

GENITALIA:

MOUTH:

PHYSICAL MATURATION:

THROAT:

NEUROLOGICAL:

NECK:

MUSCULATURE:

OTHER (Describe):

CHEST:

LYMPH NODES:

HEART:

☐ **NO ABNORMALITIES NOTED**

**SUMMARY OF PHYSICAL FINDINGS:** \_\_\_\_\_

**I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and work, unless noted above.**

\_\_\_\_\_  
Name of Healthcare Provider (Print)

\_\_\_\_\_  
Address and Telephone

\_\_\_\_\_  
Healthcare Provider Signature/Date

Stamp: