

SAXON HILL SCHOOL
P.O. BOX 68
JERICHO, VERMONT 05465
899-3832

PHYSICAL EXAMINATION

Student's Name: _____ Date of Birth _____ M _____ F _____

I do give _____ permission to send this report to school for my child.
(physician)

(signature of parent/guardian)

SIGNIFICANT MEDICAL HISTORY

History of recent illnesses, accidents, or chronic problems: _____

PHYSICAL EXAMINATION

Date of Examination: _____

PHYSICAL FINDINGS

Scalp, Skin, Hair	Lungs	HCT/HGB
Nose and Throat	Abdomen	BP
Ears/Hearing	Back	HT
Eyes/Vision	Bones/Joints	WT
Teeth and Gums	Muscle Tone	Last DTaP/TD booster
Thyroid Gland	Posture	Last IPV/OPV booster
Lymph Nodes	Genitalia	2 nd MMR
Neuro	Menstruation	Hep B Series #1
Heart	Urinalysis	#2 #3

Allergies: _____

Medications: _____

Disabilities: _____

Immunizations Given Today: _____

RECOMMENDATIONS AND FINDINGS: _____

I feel this person can participate in the sport of choice based upon the above information providing s/he can pass the physical fitness requirements set forth by the coach and school in regard to this sport.

Physician's Signature _____

Date _____