

ANNUAL PHYSICAL EXAMINATION FORM

Part One: TO BE COMPLETED PRIOR TO MEDICAL APPOINTMENT

Name: _____ Date of Exam: _____

Address: _____ Date of Birth: _____

Sex: Male Female

DIAGNOSES/SIGNIFICANT HEALTH CONDITIONS *(Attach Lifetime Medical History Summary and Chronic Health Problems List)*

CURRENT MEDICATIONS *(Attach a second page if needed):*

Medication Name	Dose	Frequency	Diagnosis	Prescribing Physician Specialty	Date Medication Prescribed

Allergies/Sensitivities: _____

Contraindicated Medication: _____

Any ongoing medical conditions?

Please explain any menstrual irregularity.

Please explain any activity or sports related restrictions or conditions?

Part Two: GENERAL PHYSICAL EXAMINATION

Blood Pressure: ____/____ Pulse: ____ Respirations: ____ Temp: ____ Height: ____ Weight: ____

EVALUATION OF SYSTEMS

System Name	Normal findings?		Comments/Description
Eyes	Yes	No	
Ears	Yes	No	
Nose	Yes	No	
Mouth/Throat	Yes	No	
Head/Face/Neck	Yes	No	
Lungs	Yes	No	
Cardiovascular	Yes	No	
Extremities	Yes	No	
Abdomen	Yes	No	
Gastrointestinal	Yes	No	
Endocrine	Yes	No	
Musculoskeletal	Yes	No	
Integumentary	Yes	No	
Renal/Urinary	Yes	No	
Reproductive	Yes	No	
Lymphatic	Yes	No	
Nervous System	Yes	No	
VISION SCREENING	Yes	No	Is further evaluation recommended by specialist? Yes No
HEARING SCREENING	Yes	No	Is further evaluation recommended by specialist? Yes No

Additional Comments:

Lifetime medical history summary reviewed? Yes No

Medication added, changed, or deleted (*from this appointment*): _____

Free of communicable diseases? Yes No (*if no, list specific precautions to prevent the spread of disease to others*)

Seizure Disorder present? No Yes *If Yes, specify type:* _____ Date of Last Seizure: _____

LICE POLICY:

Being a residential program, Shepherd's Hill Academy adheres to a NO LICE/NO NIT policy for new students.

Do you find any evidence of an active lice infestation? Yes____ No____
(live bugs or young nits)

Name of physician (*please print*)

Physician's Signature

Date

Physician Address:

Physician Phone Number: