

**LAKE SHORE CENTRAL SCHOOLS  
HEALTH SERVICES  
PRE-K - 12**

**PHYSICAL EXAMINATION FORM**

**The Education Law requires that every child in Pre-Kindergarten, Kindergarten, Grade 2,  
Grade 4, Grade 7 and Grade 10, plus all NEW students, have a physical examination.**

Name: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F  
Birthdate: \_\_\_\_\_ School Building: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Pulse: \_\_\_\_\_

BMI Percentile: _____		Weight Status Category	
___ Less than 5th	___ 5th through 49th	___ 50th through 84th	
___ 85th through 94th	___ 95th through 98th	___ 99th and higher	

Urine: Protein: \_\_\_\_\_ Glucose: \_\_\_\_\_ Sickle Cell Screen: Positive: \_\_\_\_\_ Negative: \_\_\_\_\_ Not Done: \_\_\_\_\_  
Eyes: (R) \_\_\_\_\_ (L) \_\_\_\_\_ Corrective Lens: Glasses : \_\_\_\_\_ Contact Lenses : \_\_\_\_\_  
Hearing : \_\_\_\_\_ Defects: \_\_\_\_\_  
Ears (Otosopic): \_\_\_\_\_ Eyes: \_\_\_\_\_ Nose: \_\_\_\_\_  
Lymph Nodes: \_\_\_\_\_ Thyroid: \_\_\_\_\_ Tonsils: \_\_\_\_\_  
Teeth: \_\_\_\_\_ Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Genito-Urinary: \_\_\_\_\_ Hernias: \_\_\_\_\_ Tanner: I. II. III. IV. V.  
Nervous System: \_\_\_\_\_ Skin: \_\_\_\_\_  
Orthopedic-Structural-Postural-Feet: \_\_\_\_\_  
Chronic Condition: \_\_\_\_\_  
Nutrition: \_\_\_\_\_  
Scoliosis: \_\_\_ Negative \_\_\_ Positive: \_\_\_\_\_  
Specify Any Abnormality: \_\_\_\_\_  
Approved for sport activity (if applicable): \_\_\_\_\_ Disqualified: \_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINTED Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

Physician Stamp / Address

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL HEALTH OFFICE**