

## Health Evaluation by Physician or Nurse Practitioner

(Grades 1-5/Middle School/High School/Camp)

Name: Lucy Smurf Birth date: 01/02/03

### Most Recent Physical Exam Information:

Date of Most Recent Physical Exam: 01/31/17

Height: 65 inches

Weight: 116 pounds

Body Mass Index (BMI): 19.6 kg/m<sup>2</sup>

Blood Pressure: 107/76

### Health Inventory:

Yes No

Does this student have any health conditions(s) which may require EMERGENCY ACTION while at school?: \_\_\_\_\_

Does this student have any ALLERGIES to any foods or medications?: \_\_\_\_\_

Is this student on long-term technology assistance?: \_\_\_\_\_

Is there any evidence for concern in any of the following areas: VISION, HEARING, SPEECH/LANGUAGE, DEVELOPMENT, ADHD/ADD, NUTRITION, ADJUSTMENT, PHYSICAL ILLNESS or IMPAIRMENT, IMMUNODEFICIENCY, LEAD POISONING?: \_\_\_\_\_

Is the student on long-term medication?: \_\_\_\_\_

Should there be any restriction of physical activity in school/camp?: \_\_\_\_\_

Is there any restriction/limitation to full participation in all interscholastic athletics?: \_\_\_\_\_

Is student at high risk for tuberculosis? (Date and result of last PPD skin test): \_\_\_\_\_

Were there any abnormalities at the most recent Physical Exam (and scoliosis screen)?  
\_\_\_\_\_

**Statement and Signature:** The student has had a complete history and physical examination at our office on the date noted and has no health problems except as noted above.

SAMPLE ONLY – DO NOT USE  
Physician/Nurse Practitioner (Print)

SAMPLE ONLY – DO NOT USE  
Signature

SAMPLE ONLY  
Date