



Physical Examination Form

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of exam \_\_\_\_\_ (within 1 year of entry)

ALL ITEMS MUST BE COMPLETED: Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**HEALTH HISTORY (INCLUDE PRENATAL, BIRTH AND DEVELOPMENTAL HISTORY)**

**DISEASE HISTORY**(Please specify type and age of onset)

Allergies \_\_\_\_\_ Convulsive Disorders \_\_\_\_\_  
 Congenital Defects \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Drug Sensitivities \_\_\_\_\_ Heart Disease \_\_\_\_\_  
 Hepatitis \_\_\_\_\_ Otitis Media \_\_\_\_\_  
 Neuromuscular Disorders \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
 Asthma \_\_\_\_\_ Strep Infections \_\_\_\_\_  
 Chickenpox \_\_\_\_\_ Mononucleosis \_\_\_\_\_  
 Lyme Disease \_\_\_\_\_ Other Illnesses \_\_\_\_\_  
 Operations or Injuries \_\_\_\_\_

PHYSICAL	Circle Yes= Abnormal No=Normal				
	YES	NO		YES	NO
Head/Neck	YES	NO	Abdomen assessment (liver, spleen)	YES	NO
Eyes/Sclera/Pupils	YES	NO	Neck, Back, Spine ROM	YES	NO
Ears	YES	NO	Upper Extremities	YES	NO
Nose/Mouth/Throat	YES	NO	Lower Extremities	YES	NO
Heart/Murmur/Rhythm	YES	NO	Neurological (balance and coordination)	YES	NO
Lungs	YES	NO	Tanner Stage (testes/menses)	YES	NO
Chest contour	YES	NO	Absence of scoliosis	YES	NO
Skin	YES	NO	Absence of hernia	YES	NO

Abnormal Findings/Comment \_\_\_\_\_  
 \_\_\_\_\_

MEDICATIONS CURRENTLY BEING USED \_\_\_\_\_

RECOMMENDATIONS OR RESTRICTIONS: \_\_\_\_\_

IMMUNIZATIONS RECORD (EXACT DATES—MONTH/DAY/YEAR-PHYSICIAN MAY ATTACH A SIGNED/STAMPED COPY OF IMMUNIZATION RECORD AS REQUIRED BY LAW)

**Noble Leadership Academy Inc.**

123 Jefferson Street, Passaic, NJ 07055

**T:** 973 685 2550 **F:** 973 685 2549 **E:** info@noblela.org **W:** www.noblela.org



	#1	#2	#3	#4 (on/after 4th birthday)	#5
DTaP					
POLIO					
HEPATITIS B VACCINE					
RUBELLA VACCINE* (Given after 1st birthday)			OR	#1 MMR	
MUMPS VACCINE* (given after 1st birthday)				#2 MMR	
VARICELLA VACCINE * (after 1st birthday)			OR DISEASE DATE		
MENINGOCOCCAL (if born on or agter 1/1/97 and entering Grade 6 or from out of state or country)					
	*Or laboratory evidence of immunity is also acceptable.				

**LEAD TEST DATE AND LEVEL (OPTIONAL)** \_\_\_\_\_ **MANTOUX** \_\_\_\_\_  
 (On or after 4<sup>th</sup> birthday if born out of country).

I have examined this child and find him/her physically fit to participate in all school activities.

**SIGNATURE OF PHYSICAN** \_\_\_\_\_  
 (Counter signatures are not acceptable)

**PHYSICIAN STAMP**