HCS Huntington Christian School

ANNUAL PHYSICAL EXAM FORM

9700 Levee Drive, Huntington Beach, CA 92646 (714) 378-9932

2018-2019

Top portion to be completed by a parent/guardian. Please print all information.

Student_____ Date of Birth _____ Grade_____

Please circle gender: male female

Medical History

Allergies_____Food allergy_____Illness_____

Surgeries_____Accident/Injury_____

Is student taking any medication on a routine basis? Yes_____ No_____

List all medication: _____

Is student allergic to any medication? Yes_____ No_____ Please list and describe reaction:

_____

Has student consulted with a specialist in the past 5 years?

Yes_____ No_____ If yes, please describe nature of condition:

This section to be completed by examining physician.

PHYSICAL EXAMINATION

Height_____ Weight_____ BMI_____ Blood Pressure _____ Pulse_____

	Normal	Abnormal		Normal	Abnormal
General Appearance			**Cardiovascular**		
Skin			**Gastrointestinal**		
Eyes			**Genito-urinary**		
Ears/Nose/Throat			**Neurological**		
Mouth/Dental Assessment			**Developmental Screening**		
Muscular			**Nutritional Assessment**		
Skeletal			**Respiratory**		

Comments (use additional sheet if needed):

_____

Is the student capable of physical activity and participation in a competitive athletic program?____Yes _____No

Are there any sports in which this student should not participate?_____

Are there any restrictions or activity limitations? _____

SCREENING TESTS:

Vision: Right 20/_____ Corrected to 20/_____ Left 20/_____ Corrected to 20/_____

RECENT IMMUNIZATION DATES:

DT/DPT: _____ MMR: _____ HEP B:_____, _____, _____ Polio: _____ Tdap: _____

Results of the physical exam completed by me on this date indicate that the individual named above is in good health. Any problems to the contrary have been noted above.

Date_____ Examining Physicians Signature_____

Physician's Name_____Address_____Phone_____