

Physical Exam Form

This is for enrollment at Martin Luther Academy and is to be filled out by a physician and dated on or after **February 1st** of the upcoming school year.

1. School Year _____ School _____
2. Student Name _____ Age _____ Grade _____
3. Date of Birth _____ Male _____ Female _____
4. Height _____ Weight _____ Blood Pressure _____
5. Eyes / Sight: Right _____ Left _____
Ears / Hearing: Right _____ Left _____
6. Respiratory _____
7. Cardiovascular _____
8. Liver _____
Spleen _____
9. Musculoskeletal _____
Skin _____
10. Neurological _____
11. Lab Urinalysis _____

Protein Sugar O.B.

12. Is this child's immunizations up to date? Yes No
13. Any Medical Reasons Limiting participation in activities? Yes No
Comments / Details: _____

14. Physician's Name _____
Address _____

 City State Zip
Phone _____

15. Additional Notes: _____

Please feel free to attach any additional forms or other necessary information.

Physician's Signature _____ Date _____